DOCUMENT RESUME

ED 480 542 PS 031 513

AUTHOR	Hollestelle, Kay; Koch, Pauline D.
TITLE	Family Child Care Licensing Study, 2003.
INSTITUTION	Children's Foundation, Washington, DC.; National Association for Regulatory Administration.
PUB DATE	2003-08-00
NOTE	272p.; For 2002 study, see ED 467 074.
AVAILABLE FROM	Children's Foundation, Publications Department, 725 Fifteenth Street, NW, Suite 505, Washington, DC 20005-2109 ($51.75, includes S/H). Tel: 202-347-3300; Fax: 202-347-3382; e-mail: info@childrensfoundation.net; Web site: http://www.childrensfoundation.net.
PUB TYPE	Reports - Research (143) -- Tests/Questionnaires (160)
EDRS PRICE	EDRS Price MF01 Plus Postage. PC Not Available from EDRS
DESCRIPTORS	Certification; Child Advocacy; Child Caregivers; Child Welfare; Childhood Needs; Children; *Compliance (Legal); Early Childhood Education; Educational Legislation; *Family Child Care; Legal Responsibility; National Surveys; *State Legislation; *State Regulation
IDENTIFIERS	*Day Care Regulations; Home Based Programs; Licensed Programs; Regulatory Programs; Subsidized Child Care Services

ABSTRACT

This report presents the findings of the 2003 national survey of state child care regulatory agencies to update and expand family child care regulatory information published in the 2002 study. Data on small family child care homes and group or large family child care homes are organized into the following 23 categories: (1) number of regulated homes; (2) definitions and regulatory requirements; (3) unannounced inspection procedures; (4) tracking of denials and revocations; (5) complaint procedures (6) provider qualifications; (7) provider training and orientation; (8) discipline policy; (9) emergency medical consent policy; (10) environmental policy; (11) immunization policy for children; (12) national life safety fire code policy; (13) nutrition policy; (14) smoking policy; (15) before and after school programs; (16) infant care programs; (17) programs for children with disabilities; (18) sick child care programs; (19) tiered reimbursement for subsidized children; (20) zoning regulations; (21) available resources; (22) local contact; and (23) pending and new legislation. The report's introduction describes the methodology; defines terms; and lists regulatory requirements for family child care homes for each of the 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands. This section also answers questions related to number of providers, methods of state regulation, exemptions, child caregiver requirements, caregiver/child ratios, and inspections. The bulk of the report then details data for each state, the District of Columbia, Puerto Rico, and the Virgin Islands. A list of regulatory agencies is appended. (HTH)

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ED 480 542

2003 FAMILY CHILD CARE LICENSING STUDY

National Association For
Regulatory Administration
Saint Paul, MN

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Consumer Protection Through Prevention

The Children's Foundation
National Child Care Project
Washington, DC

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INTRODUCTION

The *2003 Family Child Care Licensing Study*, published this year in collaboration with the National Association for Regulatory Administration known as NARA. NARA, chartered in 1976, is an international organization whose mission is "Consumer protection through prevention." While the majority of NARA members represent the child care field, NARA also represents child welfare, adult part-day and residential, drug and alcohol and disability licensing as well. See their website: http:www.nara-licensing.org for more information.

This study contains the results of a survey of state child care regulatory agencies to update and expand family child care regulatory information published in the *2002 Study*. Data on both small family child care homes (FCCH) and group or large family child care homes (LCCH or GCCH) is included and organized into the following 23 categories:

Number of Regulated Homes
Definitions and Regulatory Requirements
Unannounced Inspection Procedure
Tracking of Denials and Revocations
Complaint Procedure
Provider Qualifications
Provider Training and Orientation
Discipline Policy
Emergency Medical Consent Policy
Environmental Policy
Immunization Policy for Children
National Life Safety Fire Code Policy
Nutrition Policy
Smoking Policy
Before and After School Programs
Infant Care Programs
Programs for Children with Disabilities
Sick Child Care Programs
Tiered Reimbursement for Subsidized Children
Zoning Regulations
Available Resources
Local Contact
Pending/New Legislation

We recognize that information in the *2003 Study* is current only as of the date on which the information was supplied to us by each regulatory office. It is our intention that the information found in this document be useful to child care providers, advocates, trainers, researchers, the media, and policy makers as each group works on behalf of children and families.

Kay Hollestelle
Executive Director
The Children's Foundation

Pauline D. Koch
Executive Director
National Association for
Regulatory Administration

August 2003

METHODOLOGY

This *Study* is an annual update of information originally compiled in 1976 by the Children's Foundation. The data was secured from the central regulatory agency in each of the 50 states, the District of Columbia, Puerto Rico and Virgin Islands. This mailing took place during May 2003.

The agencies were asked to examine the information we published in the *2002 Study* and respond to new questions on family child care homes and large family child care homes. Additional questions were formulated in collaboration with the National Association for Regulatory Administration and from other requests we received during the year. After we received the new and/or updated information, each regulatory agency was asked to re-verify the data that would appear in the *2003 Study*. This took place in June and July 2003.

Any state with an asterisk (*) after the title indicates that we received no new or updated information from that state by press date. Therefore, the information printed in the *2003 Study* is from the *2002 Study*. Any state that has a plus mark (+) after the title, indicates the information was not reverified by the state.

The name and address of the regulatory office and contact person that supplied and/or re-verified the information is provided on the first page of a state or territory. A complete list of all regulatory offices and contacts is at the end of the book.

ACKNOWLEDGEMENTS

We are pleased that the National Association for Regulatory Administration has joined with us to co-publish this *Study*. In addition, we are grateful to the various child care officials in the regulatory offices who took time out of their busy schedules to provide and re-verify the information contained in this *Study*. A special thank you to the DuPont Corporation for their financial support of our National Child Care Program and in particular this *2003 Study*.

We hope that the *Family Child Care Licensing Study* will be of continuing value to those working with and in the many areas of the family child care profession.

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The 2003 Family Child Care Licensing Study is available from The Children's Foundation 725 15th Street, NW, #505, Washington, DC 20005-2109 or the National Association for Regulatory Administration, 26 East Exchange Street, 5th floor, Saint Paul, MN 55101-2264 for $51.75 [includes shipping] purchase orders or prepaid in US funds only.

DEFINITION OF TERMS

The terms defined are those used by The Children's Foundation and the National Association for Regulatory Administration in this 2003 *Licensing Study*. We have attempted to be as clear and precise as possible in order to help the reader better understand the data contained herein. However, variations do exist among states/territories. **Please** refer to an individual entity's information or, if questions arise, contact them directly for a complete copy of their regulations.

CERTIFICATION: (Refer to Registration). Generally certification is the same as registration, but often is linked to providers receiving public funds.

CHILD AND ADULT CARE FOOD PROGRAM (CACFP): A program which is part of the National School Lunch Act. At the national level it is administered by the U.S. Department of Agriculture. It offers cash reimbursements and donated commodities to child care facilities, including family day care homes, that serve food to children. The program also promotes well balanced meals for young children. All reimbursable meals and snacks must meet nutritional guidelines.

EXEMPT CARE: Some entities do not require family child care providers to be regulated in any way when caring for less than a specific number of children. [Ex: Registration is required in PA when caring for 4-6 children and licensing for 7-12 children; however, a provider is legally exempt from regulation if caring for only 1-3 children.] In addition some entities exempt from regulation those providers who do not receive public (state, federal, local) funds. [Ex. A provider who cares for children receiving a child care subsidy is required to be regulated, but one who has no subsidy children is not.]

FAMILY CHILD CARE HOME (FCCH). [Also called Family Day Homes (FDH) or Family Day Care Homes (FDCH)] A child care arrangement in which (generally) up to six children, including those of the caregiver under age six, are cared for in the home of the provider for compensation. Statutes vary in determining the maximum number of children allowed in the home. The age of the children is sometimes a factor used in establishing maximum number allowed.

FAMILY CHILD CARE PROVIDER: Any individual who provides child care in his/her home for less than a continuous 24 hour period to unrelated children for compensation.

INFANT: A child twenty-four months (2 years) old or younger. If this information varies in an individual state, the variation has been noted.

LARGE FAMILY CHILD CARE HOME (LCCH): [Also called Group Child Care Homes (GCCH), Group Day Homes (GDH)] A child care arrangement in which a provider generally cares for seven to twelve children, including those of the provider and any assistants, in the home of the provider or in another facility, with one or more assistants present for compensation. Statutes vary in determining the maximum number of children allowed in a large or group family child care home and also the number of assistants required. The age of the children is sometimes a factor used in establishing maximums number allowed.

LICENSING: The granting of formal permission by a designated state/territory or local agency to an individual or legal entity to operate a child care facility. The entity has the authority to ensure that standards are being met, set procedures for revoking a license and provide appeal mechanisms. In addition to the inspections carried out by the licensing agency, local fire and health departments also carry out on-site inspections of family child care homes. Generally, a license is issued and renewed as long as all of the applicable regulations are being met. The purpose, then, is to protect vulnerable consumers by setting a minimum floor for reasonably safe service.

NUMBER OF REGULATED HOMES: Each regulatory office provides the most current information available about the number of regulated family child care and group family child care homes in that state/territory. It should be noted, however, that maintaining an accurate number of the regulated active family child care providers is an extremely difficult task due to the turnover rate in the profession. Also, in some places cities or counties have the responsibility for regulating homes in their jurisdiction and are included separately in the reported number of homes.

ORIENTATION: An introduction to the profession of family child care offered to prospective providers. The regulations pertaining to family child care, an overview of how to establish a family child care home, and the responsibilities of family child care providers are all topics that are normally covered in an orientation. Orientations are usually provided by local regulatory agencies.

REGISTRATION Type 1: Registration is a form of regulation that stresses caregiver self-inspection and parent awareness. It is intended to identify service providers that the government cannot or chooses not to license. The process works in the following way. Registration standards are determined. These are generally the standards used in licensing. When the provider receives information detailing these standards, she/he does a self-study to determine whether these standards are met. This study usually includes self-certification that the provider has met certain fire and health standards. It may or may not also include other requirements such as a medical examination, TB screening, child abuse clearance, criminal records check and/or finger printing. On receipt of this information by the regulating agency, the FCCH is considered to be registered and has permission to operate. Inspection or monitoring visits are usually done by random sample or when a complaint has been filed.

Type 2: In some states, registration is a simple sign-up procedure where operating FCCH are listed with the regulatory agency. These homes are only required to sign a health and safety checklist agreeing to meet minimum standards of health and safety. Generally no inspection/monitoring visit takes place.

RELATIVE CARE: Generally, this is care provided by an individual related to the child by blood, marriage or adoption; however, some entities have broadened this definition. [Refer to the specific state/territory for their definition.]

SELF-CERTIFICATION: Self-certification is a process where a potential provider gets a form from the proper licensing agency, fills it out as it pertains to the potential FCCH, usually needs to get the form notarized, and then returns the form to the licensing agency. It may or may not include other requirements such as a medical examination, child abuse clearance, criminal records check, TB screening or finger printing. It may or may not include a random-sample inspection or monitoring visit.

STATE/TERRITORY REGULATORY OFFICE: Family child care homes are regulated in each through one, and sometimes two, departmental offices. Ex.: Departments of Welfare; Social Services; Health and Welfare; Health and Human Resources; Youth and Family; and Family Services.

STATE SPONSOR: In the administration of the Child and Adult Care Food Program, this is the state agency which administers this program for the U.S. Department of Agriculture in a particular state.

SYSTEM: Any sponsoring organization which has been authorized/licensed by the state/territory to approve and monitor family child care homes. Systems refer children to available homes only in that system, provide administrative functions (technical assistance, evaluation, supervision, fee collection, etc.) to homes, and make referrals of children to available health and social services.

TRAINING: Instruction received by family child care providers on job-specific topics. Some entities require training prior to beginning a family child care business, some require on-going training, and others require both. The number of training hours and whether the training is required annually differ greatly.

TIERED REIMBURSEMENT FOR SUBSIDIZED CHILDREN: Several states have begun a Tiered Rate of Reimbursement for family child care homes and child care centers that are tied to quality indicators, i.e., specific program requirements, additional education and in-service training of staff, and state/national accreditation.

VOLUNTARY REGISTRATION/CERTIFICATION: Many states have created this category of regulation to meet the requirements of the Child Care and Development Block Grant (CCDBG). Generally this means a provider states in writing that he/she agrees to meet minimum standards of health and safety. It may or may not also include other requirements, such as: a medical exam, child abuse clearance, TB screening,etc. Inspection or monitoring visits only occur when a complaint has been filed.

ZONING: A form of land use restriction which has as its purpose the protection of private property values or neighborhood characteristics. This has increasingly become a barrier to provision of family child care when local jurisdictions do not allow this care as a permitted use of residence.

REGULATORY REQUIREMENTS FOR FAMILY CHILD CARE HOMES

State	Type of Regulation	Number of Children Allowed in Home	Number of Children Exempt from Regulation
Alabama	Licensing	1 - 6	homes affiliated with Church Ministries
Alaska	Licensing	5 - 8	1 - 4 (non-subsidized)
Arizona	Certification	1 - 4 (+2 w/o comp.)	1 - 4 (non-subsidized)
Arkansas	Voluntary Registration	1 - 5	1 - 5
California	Licensing	1 - 6 (+2 B/A School)	children from only 1 other family
Colorado	Licensing	2 - 6 (+2 B/A School)	1 - 2*
Connecticut	Licensing	1 - 6 (+3 B/A School)	provide care for less than 3 hrs/day
Delaware	Self-Certification	1 - 4** (+2 B/A School) 1 - 6** (+3 B/A School)	None
District of Columbia	Licensing	1 - 5	None
Florida	Licensing (Receiving Public funds) or Registration	1 - 5 (+5 B/A School)	children from only 1 other family
Georgia	Registration	3 - 6	1 - 2
Hawaii	Registration	3 - 6	1 - 2
Idaho***	Voluntary Licensing	1 - 6	1 - 6

State	Type of Regulation	Number of Children Allowed in Home	Number of Children Exempt from Regulation
Illinois	Licensing	4 - 8 (+4 B/A School)	1 - 3
Indiana	None	-----	1 - 5
Iowa	Voluntary Registration	1 - 5	1 - 5
Kansas	Registration	1 - 6	None
Kentucky	Voluntary Certification	1 - 3	1 - 3
	Required Certification	4 - 6	1 - 3
Louisiana	Mandatory Registration (only if receiving public funds)	1 - 6	1 - 6 (not receiving public funds)
	Voluntary Registration (only if receiving no public funds)	1 - 6	
Maine	Certification	3 - 12	1 - 2
Maryland	Registration	1 - 8	None
Massachusetts	Licensing	1 - 6 (+2 during summer & after school hours)	None
Michigan	Registration	1 - 6	None
Minnesota	Licensing	1 - 10	children from one family
Mississippi	Voluntary Registration	1 - 5	1 - 5
Missouri	Licensing	5 - 10	1 - 4
Montana	Registration	3 - 6	1 - 2

State	Type of Regulation	Number of Children Allowed in Home	Number of Children Exempt from Regulation
Nebraska	Self-Certification	4 - 8 (+2 B/A School)	1 - 3
Nevada	Licensing	5 - 6	1 - 4
New Hampshire	Licensing	4 - 6 (+3 B/A School)	1 - 3
New Jersey	Voluntary Registration	1 - 5 (+3 B/A School)	1 - 5
New Mexico	Licensing	5 - 6	1 - 4
New York	Registration	3 - 6	1 - 2
North Carolina	Licensing	3 - 5 (+3 B/A School)	1 - 2 or if all children related to provider
North Dakota	Licensing****	6 - 7 (+2 B/A School)	1 - 5
	Voluntary self-Certification	1 - 5	1 - 5
Ohio	Certification (if receiving public funds)	1 - 6	1 - 6 (not receiving public funds)
Oklahoma	Licensing	1 - 7	None
Oregon	Registration	4 - 6 (+4 B/A School)	1 - 3
Pennsylvania	Registration	4 - 6	1 - 3
Puerto Rico	Licensing	3 - 12	1 - 2
Rhode Island	Certification	4 - 8	1 - 3
South Carolina	Licensing (if receiving public Money) OR Registration Provider's Choice)	1 - 6	None

State	Type of Regulation	Number of Children Allowed in Home	Number of Children Exempt from Regulation
South Dakota	Voluntary Registration (Required if receiving Public funds)	1 - 12	1 - 12 (not receiving public funds)
Tennessee	Licensing	5 - 7	1 - 4
	Voluntary Registration	1 - 4	1 - 4
Texas	Registration	4 - 6 (+6 B/A School)	1 - 3 or if all children related to provider
Utah	Certification	5 - 8	1 - 4
	Voluntary Registration	1 - 8	
Vermont	Registration	1 - 6 (+4 B/A School)	*****
Virgin Islands	Licensing	3 - 6	1 - 2
Virginia	Voluntary Registration (Some cities/counties and 3 licensed systems use Required Registration or certification)	1 - 6	1 - 5 (unless in city/county requiring regulation)
Washington	Licensing	1 - 12	None
West Virginia	Registration	1 - 6	1 - 3 (no exemption for receiving public funds)
Wisconsin	Certification (if receiving public funds)	1 - 3	1 - 3 (no exemption if receiving public funds)
	Licensing	4 or more	None
Wyoming	Licensing	3 - 6	1 - 2

* Colorado: From 1 family
** Delaware: Level I - 1:6; Level II - 1:9 (Includes B/A school)
*** Idaho: Individual cities require registration, licensing or certification.
**** North Dakota: Licensing required when caring for 4 children under 24 mos.
***** Vermont: From 1 or 2 families, unless receiving public funds

REGULATORY REQUIREMENTS FOR GROUP(LARGE) FAMILY CHILD CARE HOMES

State	Type of Regulation	Number of Children Allowed in the Home
Alabama	Licensing	7 - 12
Alaska	Licensing	9 - 12
Arizona	Certification	5 - 15
Arkansas	Licensing	6 - 16
California	Licensing	7 - 14
Colorado	Licensing	7 - 12
Connecticut	Licensing	7 - 12
Delaware	Self-Certification	7 - 12
District/Columbia	No Classification	----
Florida	Licensing	6 - 12
Georgia	Licensing	7 - 18
Hawaii	Licensing	7 - 12
Idaho	Certification	7 - 12
Illinois	Licensing	3 - 16
Indiana	Licensing	6 - 16
Iowa	Registration	6 - 12
Kansas	Licensing	7 - 10
Kentucky	Licensing	7 - 12
Louisiana	No Classification	----
Maine	No Classification	----
Maryland	No Classification	----
Massachusetts	Licensing	7 - 10
Michigan	Licensing	7 - 12

State	Type of Regulation	Number of Children Allowed in the Home
Minnesota	Licensing	10 - 14
Mississippi	Licensing	6 - 12
Missouri	Licensing	11 - 20
Montana	Registration	7 - 12
Nebraska	Self-Certification	9 - 12
Nevada	Licensing	7 - 12
New Hampshire	Licensing	7 - 12
New Jersey	No Classification	----
New Mexico	Licensing	7 - 12
New York	Licensing	7 - 12
North Carolina	No Classification	----
North Dakota	Licensing	6 - 18
Ohio	Licensing	7 - 12
Oklahoma	Licensing	8 - 12
Oregon	Certification	7 - 12
Pennsylvania	Licensing	7 - 12 (+3 B/A School)
Puerto Rico	No Classification	----
Rhode Island	Licensing	9 - 12
South Carolina	Licensing/Registration	7 - 12
South Dakota	Licensing	13 - 20
Tennessee	Licensing	8 - 12 (+3 B/A School)
Texas	Licensing	7 - 12
Utah	Licensing	9 - 16
Vermont	Licensing	9 - 12

State	Type of Regulation	Number of Children Allowed in the Home
Virgin Islands	Licensing	7 - 12
Virginia	Licensing	6 - 12
Washington	No Classification	----
West Virginia	Certification	7 - 12
Wisconsin	No Classification	----
Wyoming	Licensing	7 - 15

2003 Family Child Care Licensing Study
QUESTION AND ANSWER SUMMARY

Q - How many regulated family child care providers are in the 50 States, District of Columbia, Puerto Rico and Virgin Islands?

A - The results of this year's *Study* indicate that there are **300,032** regulated family child care homes in the 50 states, District of Columbia, Puerto Rico and the Virgin Islands. Of that number, **254,103** are FCCH and **45,929** are GCCH.

The overall number of regulated family child care homes decreased by 2.2% or 6,770 homes. These numbers reflect an increase in GCCH of 3.1% and a decrease in FCCH of 3.1%. This is the first overall decrease in family child homes in the past three years. These factors appear to have a direct relationship to the changes:

(1) some states indicated that due to economic conditions in their state, some family child care providers closed their businesses to take jobs paying higher wages and offering benefits or because of too many open child care slots;

(2) several states initiated or increased regulatory fees which resulted in providers not renewing and probably in persons choosing not to become regulated providers initially;

State	# of FCCH	# of GCCH/LCCH	Total
AK***	1,312	59	1,371
AL	1,483	468	1,951
AR	1,142	50	1,192
AZ***	3,926	349	4,275
CA	34,141	12,908	47,049
CO***	4,442	293	4,735
CT	3,217	60	3,277
DC	230	0	230
DE	1,619	52	1,671
FL*	8,029	161	8,190
GA	6,321	243	6,564
HI	422	7	429
IA	3,783	2,062	5,845
ID**	485	750	1,235
IL	10,609	291	10,900
IN	0	3,659	3,659

State	# of FCCH	# of GCCH/LCCH	Total
KS	2,769	4,538	7,307
KY***	9,059	125	9,184
LA	7,894	0	7,894
MA	6,801	3,062	9,863
MD	10,421	0	10,421
ME*	1,834	0	1,834 ~
MI	11,326	3,395	14,721
MN*	13,879	0	13,879
MO	1,919	195	2,114
MS	550	39	589
MT	722	442	1,164
NC	4,966	0	4,966
ND	1,326	828	2,154
NE	2,646	581	3,227
NH	236	132	368
NJ	5,100	0	5,100
NM	9,075	204	9,279
NV**	565	32	597
NY	10,716	3,837	14,553
OH	14,381	106	14,487
OK	3,755	803	4,558
OR	5,261	196	5,457
PA	3,966	830	4,796
PR	41	0	41
RI	1,276	12	1,288
SC	1,601	289	1,890
SD	936	93	1,029
TN	1,434	655	2,089
TX***	12,386	2,000	14,386
UT	1,873	242	2,115
VA**	1,975	1,657	3,632
VI	8	59	67
VT	1,300	20	1,320
WA*	7,259	0	7,259
WI	8,293	0	8,293
WV	4,955	69	5,023 ~
WY	438	76	514
TOTAL	**254,103**	**45,929**	**300,032**

* FCCH and GCCH/LCCH not numerically tracked separately; **Individual city/county certifications or registration are FCCH; ***See Individaul state listing for new category; ~2002 data.

Q - How many and what regulatory bodies license, register, or certify family child care homes (required and/or voluntary)?

A - Some have chosen one form of regulation exclusively, while others use a combination of two or more methods, as follows:
18 (34%), require licensing exclusively: AL, CA, CO, CT, DC, IL, IN, MA, MN, MO, NC, NH, NV, OK, PR, VI, WA & WY.

11 (21%) require a combination of registration and licensing: FL, GA, HI, KS, MI, NY, PA, SC, TN, TX & VT.

4 (8%) use a combination of voluntary registration and required licensing: AR, MS, NM, & SD.

4 (8%) require self-certification/certification only: AZ, DE, ME, & NE.

3 (6%) require a combination of certification and licensing: OH, RI & WI.

2 (4%) require registration exclusively: MD & MT.

2 (4%) requires registration and certification: OR & WV.

2 (4%) use a combination of voluntary registration and required registration: IA & LA.

2 (4%) uses a combination of required certification or licensing and voluntary certification: KY, & UT.

1 (2%) uses a combination of required licensing and voluntary self-certification: ND.

1 (2%) uses a combination of voluntary licensing and required certification: ID.

1 (2%) uses a combination of licensing and approval: AK.

1 (2%) uses voluntary registration only: NJ.

1 (2%) uses a combination of voluntary registration, and required registration, certification and/or licensing: VA.

Q - How many and what entities have categories of providers legally exempt from regulation?

A - 44 (83%) have legally exempt providers: AL, AK, AR, AZ, CA, CO, CT, FL, GA, HI, IA, ID, IL, IN, KY, LA, ME, MN, MO, MS, MT, NC, ND, NE, NJ, NH, NM, NV, NY, OH, OR, PA, PR, RI, SD, TN, TX, UT, VA, VI, VT, WI, WV & WY.

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9 (17%) have no legally exempt providers: DC, DE, KS, MA, MD, MI, OK, SC & WA.

Q - How many and what regulatory bodies require providers to furnish them with their social security number?

A - 38 (71%) require the provider's social security number: AL, AR, AZ, CT, DE, FL, GA, IA, ID, IL, KY, LA, MD, ME, MI, MO, MS, MT, ND, NE, NM, NV, NY, OK, PR, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV & WY; also RI requires for the provider, assistants, and emergency backup persons.

6 (11%) request but do not require the provider's social security number: DC, HI, MA, NC, OR & PA.

1 (2%) requires social security number if receiving public money: CO.

8 (16%) do not request nor require the provider's social security number: AK, CA, IN, KS, MN, NH, NJ, & OH.

Q - How many and what entities require <u>regulated</u> providers to reside in the home in which family child care is being provided?

A - 28 (52%) require FCCH and GCCH providers to reside in the home in which care is provided: AL, CA, CO, DC, FL, HI, IL, KY, ME, MI, NH, NM, NJ, NV, OH, OK, OR, PA, PR, RI, SC, SD, TX, UT, VT, WA, WV & WY.

6 (11%) only require FCCH providers to reside in the home in which care is provided: AR, AZ, DE, KS, LA, & NE.

19 (36%) have no provider residence requirement: AK, CT, GA, IA, ID, IN, MA, MD, MN, MO, MS, MT, NC, ND, NY, TN, VA, VI, & WI.

Q - How many and what entities require <u>unannounced</u> inspection/ monitoring visits in response to a filed complaint?

A - 39 (74%) require unannounced inspection/monitoring visit after a complaint has been filed: AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IL, ID, KS, KY, MA, MD, ME, MI, MO, MS, NC, NJ, ND, NE, NH, NM, NV, NY, OK, PR, RI, SC, TN, UT, VI, VT, WI, & WY.

14 (28%) require either announced or unannounced inspection/monitoring visits after a complaint has been filed: AK, IA, IN, LA, MN, MT, OH, OR, PA, SD, TX, VA, WA & WV.

Q - How many and what entities track denials and/or revocations of licenses and/or registration/certification certificates?

A - 45 (85%) have a tracking system for denials and/or revocations: AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, SD, TN, TX, UT, VA, VT, WA, WI & WY.

8 (16%) do not track denials and/or revocations: IA, ID, MS, PR, RI, SC, VI, & WV.

Q - What is the minimum age requirement of children accepted for care in family or group family child care homes? [In many places, there is no definitive information in the regulations about the minimum age. Where no specific information is indicated, it has been assumed that the minimum age is birth.]

A - The following entities stated the minimum age as 6 weeks: AK, DC, ME, NE, NH, NY, OR, and TN.

All others either indicated birth or defined no minimum: AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, MI, MN, MO, MS, MT, NC, ND, NJ, NM, NV, OH, OK, PA, PR, RI, SC, SD, TX, UT, VA, VI, VT, WA, WI, WV & WY.

Q - How many and what entities have smoking policies in <u>regulated</u> family or group family child care homes?

A - 12 (22%) <u>permit</u> smoking with <u>restrictions</u>: CT, KY(GCCH), MD, ME, NJ, NV(FCCH), PA, SC(GCCH), TN(GCCH), VI, VT & WV.

7 (13%) <u>permit</u> smoking with <u>no restrictions</u>: DC, ID, LA, NC, OR(FCCH), SC(FCCH), & TN(FCCH).

40 (75%) <u>do not permit</u> smoking: AL, AK, AR, AZ, CA, CO, DE, FL, GA, HI, IA, IN, IL, KS, KY(FCCH), MA, ME, MI, MN, MO, MS, MT, ND, NE, NH, NM, NV(GCCH), NY, OH, OK, OR, PR, RI, SD, TX, UT, VA, WA, WI & WY.

Q - How many and what entities require a provider/infant ratio of 1:2; 1:3 or 1:4 for <u>regulated</u> providers? [<u>Remember</u>, many places have legally exempt categories of providers or a voluntary regulatory process. For these non-regulated providers, the provider/infant ratios will be significantly greater.]

A - 19 (35%) have a 1:2 provider/infant ratio: AK, CT, DC, HI, KY(GCCH), MD, MI, MN, NH, NM, NY, PA, RI, WA, WV & WY; also NV has a 1:2 ratio for infants under 12 months with 1:4 under 24 months; and NE, & PR has a 1:2 ratio with mixed ages, but 1:4 for infants only.

12 (23%) have a 1:3 ratio: DE, GA, KS, MA, NJ, MT, OH, OK, SC, UT, VI & VT.

3 (6%) have a 1:3/4 ratio: CA, MO & WI.

14 (26%) have a 1:4 ratio: CO, FL, IA, IL, IN, KY(FCCH), ME, MO, ND, OR, SD, TN, TX & VA(GCCH).

3 (6%) has a 1:5 ratio: AZ(GCCH), MS, & NC

2 (4%) has a 1:6 ratio: ID, LA

Q - How many and what entites have tiered reimbursement plans, based on quaility enhancements for providers that care for subsidized children?

A - 26 (49%) offer a higher payment rate for a variety of reasons. [See individual state listing for exact information.] AZ, DC, FL, HI, IA, IN, KY, MA, ME, MD, MO, MT, NE, NJ, NM, NC, NY, OH, OK, OR, TN, TX, VT, UT, WV, & WI.

7 (13%) are in the process of developing plans: AR, CT, DE, GA, KS, NH, & NV.

Q - How many and what entities require <u>regulated</u> providers to attend a pre-service orientation session?

A - 26 (49%) require pre-service orientation sessions: AK, AL, AZ, CA, CT, DC, DE, FL, GA, HI, IN, MA, MD, ME, MI, MT, NE, OR (FCCH), SD (GCCH), TN, TX (FCCH), UT, VI, VT, WA & WI.

Q - How many and what entities require CPR training for <u>regulated</u> providers?

A - 41 (77%) require CPR certification pre-service and/or annually: AK, AL, AZ (DHS), CA, CO, FL, GA, ID(Cities of Boise & Pocatello), IL, IN, IA, KY, LA, MA, ME, MD, MI, MN, MS, MT, NC, ND, NE, NH, NM, NV, OH(Type A), OR, PA, PR, RI(GCCH), SC(Licensed Only), SD, TN, TX, UT, VA, VI, VT, WA, & WY.

Q - What entities require training for providers? How much/When? +

A -

State	FCCH or GCCH	Number of Hours Per Number of Years	Accepts On-Line Training
AL	Both	24 hrs preservice training 20 hrs annual on-going training CPR/First Aid required	Yes
AK	FCCH GCCH	12 hours per year 20 hours per year CPR/First Aid	Yes
AR	Both	10 hours per year	No
AZ	FCCH GCCH Both	Orientation plus 6 hours per year on-going 9 hours per year on-going CPR/First Aid	No Yes
CA	Both	15 hours in preventative health practices	Yes
CO(+)	FCCH GCCH	12 hours initial; 9 hours per year on-going Combination education and experience	Yes
CT(+)	FCCH GCCH	Preservice 6 hour child care course; no on-going Documentation of on-going - 1% of hours worked	No
DC	FCCH	Orientation - Emergency first Aid training only	Yes

State	FCCH or GCCH	Number of Hours Per Number of Years	Accepts On-Line Training
DE	FCCH	15 hours first year; 12 hours per year after	Yes
	GCCH	15 hours first year; 15 hours per year after	
FL	FCCH	Preservice - 30 hours basic; no on-going training	Yes
	GCCH	40 hour basic + 2 yrs continuous experience	
	Both	CPR and First Aid	
GA	Both GCCH	10 hours per year 4 hours food preparation/ nutrition per year	Yes
HI(+)	Both	2 week preservice for non CDA's; on-going amount varies	Yes
IA	Both	No preservice; 12 hours annual training 2 hours per year must be in health and safety issues	Yes
ID(+)	Both	4 hours per year (if licensed; (see individual cities also)	No
IL	FCCH	First aid/CPR only 15 hours per year on-going	Yes
	GCCH	Preservice - 1560 clock hours experience plus 6 hours in relevant topics 15 hours per year on-going	

State	FCCH or GCCH	Number of Hours Per Number of Years	Accepts On-Line Training
IN	GCCH	Orientation required. CPR/first aid and Universal precautions are only on-going requirement Must complete CDA within 3 years	Yes
KS(+)	Both	First aid required; other requirements vary - Combination of education and experience	Yes
KY	FCCH GCCH	6 hours preservice and 6 hours per year on-going 6 hrs of training for new employess and 12 hours per year on-going for directors Current certification in infant and child first aid and infant and child CPR.	Yes
LA	FCCP CACFP Recipients	CPR & first aid + 12 hrs of training in job related areas 1 orientation and 1 yearly training session	No
MA	FCCH GCCH Both	15 hours every 3 years 30 hours every 3 years 3 hours preservice and CPR/First Aid	Yes
MD	FCCH	Two part preservice orientation + 8 hours preservice training 12 hours every 2 years after CPR/First Aid	Yes

State	FCCH or GCCH	Number of Hours Per Number of Years	Accepts On-Line Training
ME	Both	No preservice; 6 hours per year on-going	*
MI	FCCH	Orientation, First Aid/CPR within 3 years of registration	No
	GCCH	CPR/First Aid + 20 hours within 2 years of licensure	
MN	FCCH	9 hours CPR in first year	Varies By Co.
	GCCH	Combination education and experience	
	Both	6 hours per year on-going	
MO	Both	No preservice 12 hours per year on-going	No
MS	GCCH	15 hours per year	No
MT	Both	orientation plus 8 hours on-going training	Yes
NC	FCCH	Preservice training CPR, First Aid and 12 hours of training annually if they have 10 years of experience and 8 hours if they have more than 10 years of experience.	Yes
ND	FCCH	9 hours per year	Yes
	GCCH	10 hours per year	
	Both	6 hours basic 1st year; CPR/First Aid	

State	FCCH or GCCH	Number of Hours Per Number of Years	Accepts On-Line Training
NE	Both	1 hour preservice training 12 hours per year CPR; First Aid	Yes
NH(+)	Both	Preservice - CPR/First Aid; also child care vocational course; 6 hours ongoing training annually	Yes
NJ	FCCH	6 hours preservice only for voluntarily registered; and 2 hours per year on-going	Yes
NM	Both	CPR/first aid preservice 12 hours per year on-going	No
NV	Both	6 hours initial 12 hours annual training plus CPR/first aid	Yes
NY	FCCH GCCH	15 hrs training 1st 6 mos and 30 hrs every 2 years after 30 hours training 1st year of licensure and every 2 years	Yes
OH(+)	Type A Type B Type B Lmited	15 hours inservice training annually until 45 hours are completed; CPR/First Aid for at least 1 person in home 12 hours inservice training and 6 hours annually until 30 hours are completed; 6-hour health/safety course No requirements	Yes

State	FCCH or GCCH	Number of Hours Per Number of Years	Accepts On-Line Training
OK	FCCH	No preserivce; 12 hours per year on-going; First Aid, CPR and Fire Extinguisher training within 6 months.	Yes
	GCCH	30 hours every 2 years.	
OR	FCCH	Preservice/CPR/First Aid; 2 hrs every 2 yrs/child abuse	Yes
	GCCH	Combination of experience and training initially; 15 hours per year thereafter Pre-service, First Aid & CPR.	
PA(+)	FCCH	No preservice; 12 hours every 2 years on-going	Yes
	GCCH	Combination of experience and training initially; 6 hours per year on-going	
PR	FCCH	CPR/first aid only	No
RI(+)	FCCH	Preservice training required, amounts vary 10 hrs. every 2 yrs. on-going	Yes
	GCCH	8 hours per year on-going	
SC	FCCH (licensed only)	Preservice + 15 hours per year + CPR First Aid	Yes
SD	FCCH	6 hours every year; First Aid must occur within the 1st year of registration or licensure	Yes
	GCCH	1 hours per year	

State	FCCH or GCCH	Number of Hours Per Number of Years	Accepts On-Line Training
TN	FCCH	2 hrs preservice 4 hours per year on-going	Yes
	GCCH	8 hours per year on-going CPR and First Aid are a separate requirement	
TX	FCCH GCCH	20 hours per year on-going 20 hrs. for director and 15 hours for staff per year	Yes
UT	FCCH	5 hour in-service (certified)	No
	GCCH	20 hours per year on-going CPR/First Aid course for licensed homes.	
VA(+)	GCCH	No preservice; 6 hours per year on-going + CPR and First Aid	Yes
VI	Both GCCH	Orientation Required No preservice; two on-going workshop per year plus CPR and First Aid	No
VT	FCCH	Orientation & 6 hrs of annnual training	Yes
	GCCH	12 hours of training per year	
	Both	CPR & First Aid are separate requirement	

State	FCCH or GCCH	Number of Hours Per Number of Years	Accepts On-Line Training
WA(+)	FCCH & GCCH	5 hours orientation plus HIV/AIDS, CPR/First Aid Combination education and experience "STARS" 20 hrs 1st year 10 hrs per year on-going.	Yes
WI(+)	Certified	15 hours training; classroom training is based on state criteria	Yes
	Licensed	No preservice; 40 hours of early childhood education required within 6 mos. of licensing; 15 hours annually	
WV	FCCH	No preservice; health and safety training twice per year on-going	*
	GCCH	Combination of experience and education; completion of 10 hours child development training within 6 months.	
WY	Both	Preservice required; 15 hours per year on-going, First Aid/CPR	Yes

+ see specific state for explanation

* information not available

ALABAMA (AL)

Information
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Number of Regulated Homes
-1,483 family child care homes.
-468 group child care homes.
-Information on the ratio of the number of homes to licensor is not available; each of the 67 counties licenses the homes and group homes in its county.

Definitions and Regulatory Requirements
-Requires licensing; no fee; renewal every two years.
-Exemptions for homes that are part of a local church ministry program or religious school.
-Provisional licenses are not issued under any circumstances.
-Social security number of provider is required.
-The terms "regular" or "regularly" are not defined.
-"Relative Care" is not specifically addressed in licensing standards. Persons caring for related children are not required to be licensed. Legal definition of "related" is any of the following relationships by blood, marriage or adoption: parent, grandparent, brother, sister, stepparent, stepbrother, stepsister, halfbrother, halfsister, uncle or aunt, and their spouses.
-Staff/child ratio is 1:6; family members not included.
-Licensee must reside in the home.
-Liability insurance not required.
-Substitute caregiver system required before licensing; substitute caregiver not required to be licensed.
-Space requirements: 32 sq. feet per child.
-State does not notify homes of Consumer Product Safety Commission data on banned children's equipment.
-State require homes to report to licensing the death of a child, a child's injury that requires medical care, but not specifically required to report a missing child. Reports would be followed with an investigation if warranted.
-Informal Care/Kith and Kin: no specific guidelines.
-**Group Child Care Homes:**
-Staff/child ratio is 2:12 ratio.
-32 sq. ft. of space per child.

Unannounced Inspection Procedure
-Homes inspected before license is granted; subsequent on-site visits annually; no advance notice required for on-site visit.
-When an allegation of a licensing violation is filed, county DHR worker visits, unannounced, to investigate the allegation.

Tracking of License Denials and Revocations
-Number of homes where licenses have been denied or revoked is tracked individually in each of the 67 counties.

Complaint Procedure
-To file complaint, contact county DHR responsible for licensing.
-Depending upon severity, consequences could lead to a corrective action, probationary status, suspension, or revocation of the license.

Provider Qualifications
-Provider must be at least 19 years old.
-Provider and all family members involved with the child are required to have an initial physical exam. Provider's follow-up medical every 2 years; family member follow-up every 4 years; TB test required.
-Three written references required before licensing.
-Criminal record checks required for new providers and adult household members prior to licensing. Current providers and adult household members will also be cleared.
-No requirement for providers to have current immunizations, especially MMR, or HIB; no requirement for other adults in the household.

Provider Training and Orientation
-Licensing includes orientation and training requirements - 24 hour pre-service, 4 hours in child development, health & safety, quality child care and licensing, professional development and positive discipline and guidance for FCCH & GCCH; on-going training - 20 hours per year for FCCH and GCCH; documentation required.
-Orientation for prospective providers not required but is conducted in some counties.
-On-line training is accepted with written documentation of topic areas covered, clock hours received and date. No on-line training accepted for CPR.
-CPR and First Aid are required, and can not be part of training listed above.

Discipline Policy
-Corporal punishment prohibited.

Emergency Medical Consent Policy
-Providers required to have parents sign emergency medical form, but it is not required that this form be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos and/or radon is not a requirement of licensing.
-No financial assistance is available for the inspection of and remediation in family child care homes for the presence of lead, asbestos and/or radon.
-State regulations do not address the issue of pesticide use near family child care homes located in rural areas.

Immunization Policy for Children
-Children in FCCH and GCCH are required to have age appropriate immunizations.
-Provider's responsibility to see that child's immunization record is current and accurate.

-Blood lead level screening is not required for children prior to acceptance into a family child care home.

National Life Safety Fire Code Policy
-Department does not conduct fire inspections. Fire inspections with no cited violations required prior to licensing and at next renewal for currently licensed homes.

Nutrition Policy
-AL Department of Education is state sponsor for USDA CACFP.
-FCC and group homes must provide nutritious meals and snacks each day.

Smoking Policy
-Smoking is prohibited during hours of child care.

Before and After School Programs
-Licensing law prohibits any time overlap period when before and after school children are integrated into homes caring for preschool children if the additional children result in the provider exceeding the licensed capacity. Child/staff ratios must be maintained at all times.

Infant Care Programs
-No separate special regulations.

Programs for Children with Disabilities
-No separate special regulations.

Sick Child Care Programs
-No separate special regulations.
-Regulations do not allow for care of mildly ill children.

Tiered Reimbursement for Subsidized Children
-No program in place at this time.

Zoning Regulations
-Day care homes must comply with local ordinances.

Available Resources
-Child Nutrition Program, orientation/training provided by some counties, information on local, state and national organizations. Regional Child Care Management Agencies.

Local Contact
-County Departments of Human Resources.

Pending/New Legislation
-Implementation of regulations related to limiting the number of children younger than 12 months and counting the provider's own children continues to be delayed.

ALASKA (AK)

Information
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Division of Public Assistance
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Number of Regulated Homes

-**263** licensed family child care homes; **1,049** Approved homes.
-**59** licensed group homes.
-An estimated goal for the ratio of the number of homes to licensor is 1:60; this varies according to the amount of travel licensors have in relation to the area they monitor.

Definitions and Regulatory Requirements

-Licensing is required for 5 or more unrelated children; no fee; biennial licensing; individuals caring for a total of 4 or fewer children and not caring for children receiving subsidy money are exempt from regulation.
-Also exempt: a person caring for a child on an irregular basis of less than one day a week for fewer than 5 consecutive weeks.
-Approval (Approved Providers) required for providers who are legally exempt in order to be paid through the state child care assistance program (CCAP). CCAP administers state and federal child care subsidies to low to moderate income families. Approved providers receiving CCAP subsidies and caring for children unrelated to themselves must become licensed within 12 months in order to continue receiving subsidy money. Contact: Division of Public Assistance, Child Care Programs at (907) 269-4671.
-"Relative Care" is defined as an individual who is related to another through any of the following relationships, by blood, adoption, or marriage: parent, grandparent, great grandparent, brother, sister, stepparent, stepsister, stepbrother, cousin, aunt, uncle, great-aunt, great-uncle or step-grandparent.
-Licenses renewed biennially through reapplication/annual monitoring.
-Social security number of provider not required.
-Provisional licenses are issued during the initial year of licensing and when a facility is temporarily unable to meet a requirement.
-FCCH provider may care for maximum of 8 children; maximum of 3 may be under 30 months of age (no more than 2 non-ambulatory children), regardless of ages of other children for whom care is provided.
-Licensee not required to reside in the family child care home.
-Liability insurance not required.
-Substitute providers may be arranged; substitutes must meet same requirements as primary providers unless substitutes are providing care in the case of an

emergency. There must be emergency care arrangements.
-State provides information on Consumer Product Safety Commission data on banned children's equipment to providers, during licensing visits.
-State requires family child care providers to report to licensing the death of a child, a missing child or a child's injury that requires medical care. They investigate specific incidents and as a warning sign of additional problems if a pattern is noted, regionally or statewide extra education and enforcement activities would be implemented.
-Informal Care/Kith and Kin: Homes caring only for children related to caregiver may apply for a child care home license, although it is not required.
-**Group Family Child Care Home:**
-2 caregivers may care for 9-12 children; only 5 under 30 months; only 4 non-ambulatory; includes children related to the provider.
-Annual self-monitoring report.

Unannounced Inspection Procedure
-Inspections of day care homes occur before licensure; subsequent visits are mandated biennially and normally occur annually -- announced and unannounced visits occur.

Tracking of License Denials and Revocations
-Have instituted tracking of denials and revocations.

Complaint Procedure
-To file a complaint, report to the AK Dept. of Public Assistance, Child Care Licensing Program at 907-269-4600.
-Consequences depend upon the seriousness of the violation and can include anything from a plan of correction to revocation of license to immediate closure.

Provider Qualifications
-FCCH and GCCH provider must be 18 years old; GCCH administrator: 21 years; FCCH administrator: 18 years.
-No physical exams required of prospective providers.
-TB clearance required for all individual 16 years of age and older working, residing or volunteering in the home.
-Three positive written references required.
-Potential providers and other adults in home must sign statement verifying that they have no criminal record, child abuse, domestic violence problem, physical, health, mental health or behavior problem that might pose a risk to children, and no license revocation or denial.
-Criminal history background check is required for FCCH and GCCH administrators, and for each occupant 16 years of age and older in the household.
-Providers must have state criminal background check and federal fingerprint check and are checked against the sex offender registry.

Provider Training and Orientation
-FCCH and GCCH complete first aid and CPR training prior to licensure; no other pre-service training is required.
-12 hours training per year is required for FCCH, 20 hours of training per year for GCCH, training must be related to caregiver's primary "job responsibility."

Caregivers providing care for infants and toddlers are required to have 1 hour of annual training in recognizing and preventing shaken baby syndrome, preventing sudden infant death syndrome and identifying infant and toddler developmental levels and needs.
-Orientation is provided for potential providers who reside in large communities on licensing regulations and requirements. Maybe done in groups or individually and may last 1-3 hours depending upon number/type of questions.
-Training is offered by some profit and nonprofit groups in the more populated sections of AK; it is difficult to have uniform training regulations because of population dispersement.
-Caregivers may count a portion of the required orientation and preservice training that exceeds 6 hours toward the annual training hour requirement.
-Special training is periodically offered for providers who include children with disabilities in their care, but is not required.
-On-line training is accepted if providers shows successful completion of the training with a certificate, diploma or equivalent. Provider must also describe training, how used in their facility in a training log. No on-line training for CPR certification.

Discipline Policy
-Corporal punishment is prohibited. Positive reinforcement, redirection and the setting of clear and consistent limits required.

Emergency Medical Consent Policy
-Parents are required to sign emergency information cards, and to give emergency medical consent; they are not required to be notarized.

Environmental Policy
-Regulations do not require testing for the presence of lead, asbestos and/or radon as a condition of licensure.
-Well water is tested for bacteria.
-No information available about the availability of financial assistance for the inspection of or remediation in facilities for the presence of lead, asbestos and/or radon.
-State regulations do not address pesticide use near family child care homes in rural areas.

Immunization Policy for Children
-Homes must keep immunization records for each child in care.
-Screening for blood lead levels not required for acceptance into licensed facilities.

National Life Safety Fire Code Policy
-Licensing representatives have authority to inspect child care homes for applicable fire safety requirements where fire safety authorities do not or cannot inspect.

Nutrition Policy
-Complies with CACFP guidelines.
-USDA CACFP sponsored by AK Department of Education.

Smoking Policy
-A smoke free environment is required, including any vehicles used to transport children.

Before and After School Programs
-No overlap period allowed when integrating before and after school children in home caring for preschoolers; required child/staff ratios maintained at all times.

Infant Care Programs
-No separate special regulations.
-No infant walkers; no awake infant may be left in a crib, swing or similar device for more than 15 minutes without direct adult contact.
-Must provide opportunities for a child to develop a caring and nurturing relationship with and attachment to one or a small number of caregivers whose care for an responsiveness to the child ensure relief of distress, experiences of stimulations and comfort and satisfaction of the need for a connection with the child's caregiver.
-Must provide frequent verbal communication during feeding and changing; provide physical contact through holding, rocking and play as well as bathing, dressing and carrying a child; allow infants and toddlers, under supervision, ample opportunity during the day to explore and/or learn on their own outside of a playpen or other restraining device.
-For each infant under 12 months of age, bedding materials that increase the risk of suffocation, including comforters, pillows, fluffy blankets, crib bumpers that do not stand upright, and stuffed toys are not used and sleeping equipment must not allow a child to fall, become entrapped, or have clothing tangled on protustions.

Programs for Children with Disabilities
-Special training occasionally offered but not required.
-Providers must comply with the ADA.
-Provider must include children with special needs and children without special needs in all activities possible.
-Provider must implement a plan of care that was developed by the provider and child's parent to meet the needs of the child and enhance the child's health and developmental status. Provider must monitor the effectiveness of each child's plan of care and conduct regularly scheduled reassessments of each child's plan of care.

Sick Child Care Programs
-A child care facility may not admit a child who shows symptoms of serious illness or highly communicable disease.
-The provider should notify parent if child becomes too ill to remain in facility so child may be picked up as soon as possible.
-A facility that allows mildly ill child to remain in facility shall have a plan of care arranged with child's parents and provide a place where child may rest or play quietly apart from other children, yet under adult supervision.
-A facility shall inform parent if child is exposed to communicable disease or contagious conditions.
-A facility shall take precautions to reduce risk of spreading disease.

Tiered Reimbursement for Subsidized Children
-No program in place at this time; currently working of tiered reimbursement possibilities.

Zoning Regulations
-FCCH and GCCH must comply with local ordinances.

Available Resources
-Orientation, technical assistance.
-Licensed providers may also participate in the child care grant program and receive small monthly grants to use in their facilities.

Local Contact
-Alaska Department of Health and Social Services, Division of Public Assistance, Child Care Licensing Program (907) 269-4600.

Pending/New Legislation
-Over 50 regulation changes within the past year.
-Major changes for approved (registered) child care providers; all child care providers, caring for children unrelated to the provider and who receive state and/or federal subsidy money must become licensed within 12 months or may no longer receive subsidy money.

ARIZONA (AZ)

Arizona has two regulatory agencies for family child care: The Department of Economic Security regulates providers caring for 1-4 children, and the Department of Health Services regulates providers caring for 5-10 children for compensation. Each agency is listed separately.

Arizona Department of Economic Security

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Number of Regulated Homes

- 1,550 certified family child care homes.
- 2,376 Only Alternate Approval homes.
- The average ratio of providers to licensor is 77:1; this is based on time actually spent in certification duties.

Definitions and Regulatory Requirements

- Certification required for FCCH caring for DES subsidized children; no fee; Certificate is valid for 3 years.
- Provisional certificates are not available.
- Alternate Approval for homes taking part in the Child & Adult Care Food Program, requires Fire Inspection, Completion of Self-Certification Child Care Statement, complete Home/Health Inspection and FBI fingerprinting of provider; fees vary around the state, average is $60.
- The terms "regular" or "regularly" are not defined.
- "Relative Care" means providers who are grandparents (including great grandparents), aunts, uncles (including great aunts and uncles) who are not otherwise required to meet statutory requirements. They are asked to sign a discipline agreement.
- Tax ID and/or Social security number of provider is required for tracking and to send out 1099 forms.
- Provider may care for a maximum of 4 children at any one time children birth through age 12 for compensation and 2 children for no compensation.
- FCCH must indemnify, and hold harmless the State of Arizona and its departments, agencies, boards and commissions and all officers, agents, and employees from any and all claims, demands, suits, actions, proceedings, loss, cost and damages of every kind and description including any attorney's fee and/or litigation

expenses, which may be brought or made against or incurred by the State of Arizona on account of loss of or damage to any property or for injuries to or death of any person, caused by, arising out of, or contributed to, in whole or in part by reasons of any alleged act, omission, professional error, by it, any employee, agent, or any representative or subcontractor, their employees, agents, or representatives in connection with or incident to the performance of the Agreement.
-FCCH shall name the State of Arizona as an additional insured.
-Provider is required to reside in the home; the home must meet the safety/sanitation standards, and the certificate holder must be the primary caregiver.
-Names of substitute caregivers must be submitted to DES upon certification of family child care providers; these caregivers are back-up providers and must have criminal record check, be fingerprinted, and CPS check.
-Space requirements: No specific square footage requirements for certification of family child care homes; family child care home space must be adequate. The certification worker may decide to reduce the number of children allowed to be cared for in the home because of size of the home, size of the rooms, etc.
-State distributes Consumer Product Safety Commission data on banned children's equipment to certified providers by child care specialists and its on the web.
-State requires certified providers to report to DES the death of a child, a missing child or a child's injury that requires medical care.
-Informal Care/Kith and Kin: Not applicable for DES.

Unannounced Inspection Procedure
-Home inspections occur prior to certification; there are a minimum of two yearly visits; one must be unannounced. Upon inspection the specialist will announce the reason for the visit and show identification to the provider. A provider must sign a statement verifying that they have been informed of their rights. (NOTICE OF INSPECTION RIGHTS: DISCLOSURE VERIFICATION)
-On-site investigations are conducted due to any complaint which seriously affects health and safety of children in care or which presents immediate danger to children. On-site visits may be announced or unannounced, as appropriate to the situation.

Tracking of Certificate Denials or Revocations
-All suspensions and revocations are tracked.
-An applicant or provider may appeal a decision based on denial of certification, recertification, suspension, and revocation.
-An applicant may ask for a hearing on a fingerprint denial as long as it does not meet crimes against children.

Complaint Procedure
-All complaints against family child care homes that have a registration agreement with DES are logged and investigated by DES as warranted. Complaints alleging abuse or neglect of children are referred to and investigated by Child Protective Services or a law enforcement agency.
-Immediate consequences may result in suspension which involves removal of all DES-subsidized children for the length of the investigation and may result in revocation of certification.

Provider Qualifications

-FCC provider must be at least 18 years of age.
-Applicant must furnish proof for self and backup and all household members 14 or younger of freedom from disease for which routine immunizations are available; and a report of a negative Mantoux skin test performed within 3 months or a physicians written statement.
-Three references required.
-Child care personnel shall submit a notarized criminal history form required by A.R.S. 41-1964 and disclose that they are not awaiting trial nor have ever been convicted of or admitted committing any criminal offenses specified in state statue and they have not committed any act of child maltreatment and they did not have a child that was adjudicated dependent, or they have not had a license to operate a child care home or facility that was denied or revoked.
-Criminal record check and fingerprint check required of prospective provider, and family members and other household residents age 18 or older and back-up providers; fee is presently $44/person (which provider must pay). Provider must show proof of a class I or class II fingerprint card which is good for 3 yrs. Department of Public Safety continually checks statewide arrest information to see if it matches providers. Domestic violence and DUI are added to the list of offenses. Board of Fingerprinting meets twice a month of a provider appeals a denial of a fingerprint card.

Provider Training and Orientation

-Orientation session is required for DES perspective providers which includes some health and safety, emergency procedures, state rules, nutrition, child growth and development.
-Provider required to complete 6 clock hours per year including child health and safety; prevention of illness and disease; child abuse prevention, identification, reporting; positive guidance and discipline; child nutrition; developmentally appropriate practice and communication with family.
-Pediatric CPR and First Aid is required within 60 days of certification, but not included in 6 hours of training.
-On-line training is not accepted for in-service or CPR training.

Discipline Policy

-Corporal punishment prohibited.
-Provider shall sign a written agreement to use only developmentally appropriate discipline.
-No time out for children under 3 years of age.

Emergency Medical Consent Policy

-Forms required, but do not have to be notarized.

Environmental Policy

-Testing for the presence of lead, asbestos or radon is not a condition of certification; financial assistance for the inspection and/or remediation of the presence of lead, asbestos and/or radon is available in some areas.
-State regulations do not address issue of pesticide use near family child care homes located in rural areas.

Immunization Policy for Children
-Immunizations and record of them required, or medical or religious exemption affidavit.
-Provider required to maintain current records.
-Blood screening for lead levels prior to acceptance into a family child care home is not required.

National Life Safety Fire Code Policy
-Not adopted.

Nutrition Policy
-AZ Department of Education, Student Services, is state sponsor for USDA CACFP and administers the Alternate Approval program.
-Provision of nutritious meals and snacks to children is required.

Smoking Policy
-Tobacco and smoke-free environment required while children are in care.

Before and After School Programs
-No separate special regulations.
-No regulations which provide for time overlap for before and after school children; child/staff ratios must always be maintained.

Infant Care Programs
-FCCH may care for no more than 2 children under the age of 1 year at any time.
-A provider shall frequently hold a child and give each infant and toddler physical contact and attention throughout the day.

Programs for Children with Disabilities
-Providers must comply with ADA requirements.
-A provider shall make reasonable accommodations in the home facility, equipment, and materials for a child with special needs.

Sick Child Care Programs
-No separate special DES regulations.
-DES Policy does not allow care of mildly ill children. A child who becomes ill while in care must be in full in view and be immediately removed from care. The provider must notify the parent or responsible person as soon as possible.
-Provision of medical treatment is responsibility of parent/guardian. Emergency medical care plans are to be worked out between the parent and provider.

Tiered Reimbursement for Subsidized Children
-There is a Tiered Reimbursement program in place, additional reimbursement given for a CDA or accreditation by NAFCC.
-Career Pathway, a contract through Child Care Administration for providers to obtain CDA or Accreditation.

Zoning Regulations
-FCCH must comply with local ordinances; local jurisdictions responsible for enforcement.

Available Resources

-Arizona Association of Family Child Care, the Center for Family Child Care Resources, Southern Arizona Family Child Care Association, local child care resource and referral organizations; CACFP sponsoring agencies and the 55 field offices of DES, for certifying homes.

Local Contact

-Day Care Group Home Certification - Department of Health Services, Office of Child Day Care Licensure.
-Family Child Care Home Certification-Department of Economic Security, Division of Employment and Rehabilitation, Child Care Administration.
-Child Care Resource & Referral Agencies, ASCC and CF&R.

Pending/New Legislation

-New: if a provider is listed with the CCR&R they must be fingerprinted, have CPS record check and have a self-closing, locking gate and firearms under lock and key. Must be First Aid & CPR certified.

Arizona Department of Health Services Regulations

Information
Supplied By: Lourdes Ochoa, State Licensing Manager
Department of Health Services
Health & Child Care Review Services
Office of Child Day Care Licensure
1647 E. Morten, Suite 230
Phoenix, AZ 85020
PHONE: (602) 674-4220
FAX: (602) 861-0674

Number of Regulated Homes
-349 group family child care homes.
-Ratio of licensor to providers: 1:86 (includes homes and centers).

Definitions and Regulatory Requirements
-DHS certifies Group Homes. Group Home providers may care for up to 10 children from birth through age 12 not related to the provider, at any one time; maximum of 15 children in care at one time, including children related to provider.
-Provider who cares for 5-10 children at a time for compensation (residential) certified as a Group Home; a provider caring for more than 10 children for compensation; more than 4 (non-residential) must be licensed by DHS.
-Social security number of the provider is required.
-Program does not offer provisional certification.
-One caregiver for each 5 children; no age specific child/staff ratios.
-Certification good for 3 years; fee $30.
-Certified provider not required to reside in the home; this is under review.
-No information about definition of the term "regular."
-No information about definition of "Relative Care."
-Liability insurance required with a minimum limit of $100,000.
-Space requirements: inside - 30 sq. ft. open space per child; outside - 80 sq. ft. fenced space per child.
-Fire and gas inspection.
-Minimum program and equipment standards.
-Special swimming pool requirements.
-Play area must be fenced.
-State shares with providers Consumer Product Safety Commission data on banned children's equipment at orientation.
-Regulations require providers to report to licensing the death of a child, a missing children or a child's injury that requires medical. Depending upon situation enforcement actions would be taken.
-Informal Care/Kith and Kin: Not applicable.

Unannounced Inspection Procedure
-Minimum of 2 inspections during each year.

Tracking of Certification Denials or Revocations
-Both denials and revocations are tracked.
-All legal actions are maintained in the database and files retained for 6 years.

Complaint Procedure
-To file a complaint, the Dept must be contacted in writing, in person or orally.
-When a complaint is filed, an unannounced monitoring visit is made; information is gathered by interviewing the provider and concerned parties; a detailed report is compiled.
-The immediate consequences are more frequent monitoring, enforcement meetings, hearings, and up to revocation of certificate.

Provider Qualifications
-High school or equivalent required.
-Minimum age requirement for provider is 21.
-References on all staff required.
-Provider shall retrain and keep current the following information about child care personnel and all household members: proof of negative tuberculin skin test or chest x-ray; name, address and phone number; first aid and CPR certificates; verification of compliance with A.R.S.; date of employment or volunteer assignment; in addition for a written statement by the staff member or volunteer, on Department approved forms, testifying to immunity to measles, rubella, diphtheria, tetanus and polio.
-Individuals who were born before January 1, 1957 shall be considered immune to measles and therefore exempt from the measles immunization.
-All adults in home and staff required to be fingerprinted, registered with department, and background checked.

Provider Training and Orientation
-4 hour orientation required before Certification will be issued.
-9 hours annual training required to include child development, programming, nutrition, abuse and neglect, health and safety procedures, positive guidance, community services, and family involvement and communication.
-On-line training is accepted in appropriate child care topics, must document topics and number of hours received. No on-line training accepted for CPR.
-CPR and first aid is a separate training requirement.

Discipline Policy
-Corporal punishment prohibited.

Emergency Medical Consent Policy
-Form is required, but does not have to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos or radon is not a condition of licensing or registration; (financial assistance for the inspection for or remediation of the presence of lead, asbestos and/or radon is not available through Department of Health Services, Office of Child Care Licensure).
-If provider lives within 1/4 mile of Agricultural land, they must inform the Department who then informs the landowner.

Immunization Policy for Children
-Immunizations and record of them required or exemption affidavit.
-Provider required to keep current records.
-Blood screening for lead levels prior to acceptance into a family child care home is not required.

National Life Safety Fire Code
-Not adopted.

Nutrition Policy
-AZ Department of Education is state sponsor for USDA CACFP.
-Requires a varied menu of foods from within each food group to be served; minimum meal components and serving sizes as established by the National Research Council (RDA).

Smoking Policy
-Smoking is not allowed while providing child care.

Before and After School Programs
-No separate regulations.
-No provision for overlap time; child/staff ratios must be maintained.
-Supplemental equipment standards for school-age children.

Infant Care Programs
-No separate regulations.
-Supplemental program and equipment standards for infants and children 2 years of age and younger.

Programs for Children with Disabilities
-No separate regulations.
-Supplemental program and equipment standards for children with disabilities.
-Providers must comply with the ADA.

Sick Child Care Programs
-Provider shall not accept or allow ill children. A child who becomes ill while in care is to be isolated. Provider must notify parent or the responsible person as soon as possible.

Tiered Reimbursement for Subsidized Children
-Handled by the Department of Economic Security, an additional reimbursement is given for a CDA or accreditation by NAFCC.

Zoning Regulations
-Must comply with all local ordinances; enforcement by local jurisdictions.

Available Resources
-Arizona Association of Family Child Care; Center for Family Child Care Resources; Southern Arizona Family Child Care Association
-Local child care resource and referral organizations.

Local Contact

-Day Care Group Home Certification - Department of Health Services, Office of Child Day Care Licensure.
-Family Child Care Home Certification - Department of Economic Security, Division of Children and Family Services, Child Care Administration.

Pending/New Legislation

-None.

ARKANSAS (AR)

Information
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Little Rock, AR 72203-1437
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Number of Regulated Homes

-**976** licensed family child care homes.
-**166** registered family child care homes.
-**50** (approximate) large family child care homes.
-Ratio of the number of providers to licensor varies according to area of the state; average ratio is approximately 70:1.

Definitions and Regulatory Requirements

-Voluntary Registration available for homes exempt from licensure (homes caring for 5 or less children).
-Part time programs are identified as 10 hours or less per week; anything different from this would be considered regular services.
-State regulations define "relative care" as blood-related.
-Tax identification number of provider is required.
-One year provisional licenses can be issued for new operations and the possibility exists for a time-limited provisional license at renewal to bring home into full compliance.
-One provider may care for up to 10 children in FCCH if all are over age 3; if 2 children are under age 2, maximum of 7 permitted in FCCH.
-Preschool family members included in all ratio numbers.
-Registered provider must reside in the home; not required for licensed provider.
-Liability insurance not required, highly recommended.
-Substitute caregivers required before licensing; do not have to be licensed.
-Space requirements: 35 sq. ft. indoors; 75 sq. ft. outdoors.
-Transportation: children 6 years and younger and weighs less than 60 pounds must be restrained by approved safety devices.
-State regulations require that all Consumer Product Safety Products banned children's products must be removed from homes. Attorney General's Office will mail compiled list to licensed providers. Licensing will ensure unsafe products are removed.
-State require homes to report to licensing the death of a child, a missing child or a child's injury that requires medical care. Reports are reviewed for possible corrective action measures.

-Informal Care/Kith and Kin: Relative-In-Home program: Guidelines are for blood relatives to keep up to 5 relative children in their home. The provider (relative) has to have the criminal background check; health card and provide documentation of relationship to children they are keeping; other rules and regulations follow the guidelines of registered home care/day care family homes.
-**Large Family Child Care Homes:**
-Licensing required if provider cares for 6 or more children from more than one family; fee is $15 annually and goes to cover the cost of the background check; license period is open-ended, but only after facility has completed a new one year provisional period.
-Can be licensed for up to 16 children.
-Provider/child ratios:
-2: 10-14 (with no more than 4 children under 2 years).
-2: 15-16 (with no more than 2 children under 2 years).
-Health and fire approvals mandatory if licensed for more than 10.
-Transportation: children 6 years and younger must be restrained by approved safety devices.

Unannounced Inspection Procedure
-FCCH inspected before licensure; subsequent inspections 3 times per year conducted at random and unannounced.

Tracking of License/Registration Denials or Revocations
-Both denials and revocations are tracked for 7 years.

Complaint Procedure
-Licensing complaints investigated within 30 days; if abuse alleged, special investigative unit conducts an investigation. A corrective action plan is required (or adverse action taken).

Provider Qualifications
-FCC provider must be 21 years of age or older; although some exceptions are granted after special consideration.
-Annual tuberculosis skin test required of provider and adult family members living in the home.
-No requirements regarding provider immunizations or those of other adult members of the household.
-Criminal record checks.
-Fingerprinting required only for persons residing in the state for less than 6 years, and for the owner/primary caregiver in the home.
-Child abuse registry check required.
-Increased prohibition from ownership/operator/employee to include drug manufacture or delivery, or any felony involving violence.

Provider Training and Orientation
-10 hours of annual training required for both FCCH and GCCH and must be in the area of early childhood.
-No formal orientation program for potential providers.
-No preservice training required. Self-instructional Child Care Training Modules available from the Division; 20-hour basic orientation class available from Vo-Tech Education.

-On-line training is not accepted for in-service nor CPR.
-CPR/First Aid is not a separate requirement from the training described above.

Discipline Policy
-Corporal punishment prohibited.

Emergency Medical Consent Policy
-Form is required, but it does not have to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos or radon is not a condition of licensing or registration; testing would be required if a problem is suspected.
-Financial assistance for the inspection for or remediation of the presence of lead, asbestos, and/or radon is not available; some grant money might be available for renovation.
-State regulations do not address the issue of pesticide use near family child care homes located in rural areas.

Immunization Policy for Children
-All children must have age appropriate immunizations prior to attending a family child care home.
-Blood screening for lead levels prior to acceptance into a family child care home is not required.

National Life Safety Fire Code
-Not adopted through licensing; state Fire Marshall enforces for more than 10 children.

Nutrition Policy
-Agreement between DCFS and nutrition monitors to provide DCFS with monitoring reports to help insure provider compliance with regulatory standards on a day-to-day basis.

Smoking Policy
-Smoking should be limited to hours children are not in care.

Before and After School Programs
-No special regulations.
-Providers are allowed 2 school age children above capacity for a short term before and after school.

Infant Care Programs
-When infants are in care, numbers reduced and health, safety and handwashing are addressed; homes specializing in infant care must maintain a 1:3 ratio.
-Infant must be supervised at all times.

Programs for Children with Disabilities
-Staff/child ratios require increased staff to meet child's needs.
-Complies with the requirements of the ADA.

Sick Child Care Programs
-Regulated by use of "Alternative Compliance" - meets intent of regulation or exceeds the regulations.
-Regulations do not allow for care of mildly ill children.

Tiered Reimbursement for Subsidized Children
-There is no tiered reimbursement program at this time, but there is a study in progress.

Zoning Regulations
-FCCH must comply with local ordinances.

Available Resources
-Arkansas Early Childhood Commission.

Local Contact
-Division of Child Care and Early Childhood Education.

Pending/New Legislation
-None.

CALIFORNIA (CA)

Information
Supplied By: *Ruth J. McGregor, Policy Analyst*
Department of Social Services
Community Care Licensing Division
Child Care Office
744 P Street, MS: 19-48
Sacramento, CA 95814
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FAX: (916) 229-4508

Number of Regulated Homes
-34,141 small family child care homes.
-12,908 large family care homes.
-Licensing Analyst-provider ratio: 1:303.

Definitions and Regulatory Requirements
All Family Child Care Homes (small and large):
-Providers must be licensed: $25 application fee for small family child care homes (FCCH); $50 for large FCCH homes, paid on a yearly basis.
-Terms "regular" or "regularly" are not used in FCC regulations and therefore not defined; duration or regularity of providing child care is not considered when determining if a person must be licensed or not.
-"Exempt Care" is providing care to children from only one family in addition to the operator's own children. A cooperative arrangement between parents where no payment is involved & arrangement meets certain conditions. Care by a relative. Program that operates only one day per week for no more than 4 hours on that one day.
-"Relative Care" is defined as spouse, parent, stepparent, son, daughter, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any such person denoted by the prefix "grand" or "great" or the spouse of any of these persons specified in this definition, even after the marriage has been terminated by death or dissolution.
-Social security number of provider is not required.
-Regulations include section on parent's rights, which states that parents must have access to their children at any time.
-Space requirement: None.
-Licensee must reside in the home.
-Liability insurance: Following alternatives must be followed:
1) Aggregate amount of $300,000 with at least $100,000 per occurrence, or
2) $300,000 bond (annual aggregate), or
3) Signed affidavit from each parent acknowledging that provider has neither insurance nor a bond.
4) If the FCCH provider does not own the premises in which care is provided, then the provider must advise the parents that the owner of

the property or the homeowner's association may not provide insurance coverage for losses arising in connection with the FCCH.

-Working fire extinguisher & smoke alarm that meet Fire Marshall's standards.
-State uses the Consumer Product Safety Commission data on banned children's equipment for research regarding unsafe toys/products. The Child Care Advocate Program and Child Care Policy Analysts refer providers and parents to the CPSC website for product information and safety standards.
-State requires family child care providers to report to licensing and to parent or guardian, the death of a child, a missing child or a child's injury that requires medical care. Provider must make verbal report followed by written report containing specific information, including disposition of the incident. Dept. is currently developing the implementation plan. Information reported will be assessed on a case-by-case basis to determine if action by the Dept. is necessary. Community Care Licensing Division is required to reopen an investigation when a certified copy of a court document is received in which a judge has determined that a child may have been injured or endangered while in a licensed child care setting.
-Providers are required to post a parents' rights form in their licensed family child care home during any time children are in care. The form advises parents or authorized representatives of the following: FCCH licensees are required to notify parents or authorized representatives, if they ask, of the name of anyone who has been granted a criminal record exemption, and how that person is related to their family child care home. Providers also must tell the parent or authorized representative that they can get the name of the person from the local licensing office and providers must give the phone number for the local office.
-Informal Care/Kith and Kin: process of guidelines established by CAL Works, another division of CDSS.
-**Small Family Child Care Homes:** Maximum capacity - 6 or 8.
  -If licensed for 6, a provider may care for no more than 3 infants or 4 infants only (0-2 years).
  -If licensed for 8, 2 children must be at least 6 years of age and no more than 2 may be infants.
  -Licensee's children under the age of 10 are counted in the capacity.
  -Landlord or property owner consent is required for a capacity of 8.
-**Large Family Child Care Homes:** Maximum capacity - 12 or 14.
  -If licensed for 12, no more than 4 may be infants (0-2 years).
  -If licensed for 14, 2 children must be at least 6 years of age and no more than 3 may be infants.
  -Assistant is required when capacity exceeds 8; assistant must be at least 14 years of age.
  -Licensee's and assistant provider's children under age 10 count in the number.
  -Landlord or property owner consent is required for a capacity of 14.
  -Required to have a fire clearance from the State Fire Marshal or local fire jurisdiction.
  -Required to have one year experience as a licensed small FCC provider or as an administrator of a licensed day care center.

Unannounced Inspection Procedure

-In FCCH, licensing requires an announced inspection before a license is granted; subsequent unannounced visits every 3 years and on the occasion of a complaint.
-Unannounced visits are made to an additional 10% of FCCH's annually.

-When a complaint is filed, unannounced complaint visit is made within 10 days of receipt.

Tracking of License Denials or Revocations
-Depends on conditions of decision. Some persons have lifetime exclusion. Some persons can not reapply for 1-3 years. Conditions are never removed from the Licensing Information System (LIS), the state wide automated system.

Complaint Procedure
-May be in writing, by phone or in person.
-If substantiated, deficiency is cited and a plan of correction is developed; failure to correct may result in an informal meeting at the licensing office and possible license revocation.

Provider Qualifications
-Provider must be at least 18 years old.
-No physical exam except a TB test is required.
-Other adult immunization not required; references not required.
-Criminal record check, fingerprinting and a Child Abuse Central Index Check are required for every person 18 years of age or over who lives, or who provides care and supervision for the children; no fee for the fingerprint check for small FCC homes, but there is a $15 fee for the Child Abuse Central Index Check conducted by CA Department of Justice.

Provider Training and Orientation
-Licensees of family child care homes are required to have at least 15 hours of training in preventative health practices including pediatric CPR and pediatric first aid.
-Mandated 4 hour orientation sessions for FCC providers conducted by state and county licensing offices; consists of an overview of licensing procedures, regulations and community resource services. Application and all corresponding forms are explained during orientation. Applicants are encouraged to visit the Department's website to down load all the licensing forms and regulations at http://www.ccld.ca.gov.
-On-line training is not accepted for in-service training nor CPR training.

Discipline Policy
-Corporal punishment prohibited; methods of discipline discussed at orientation and before license is approved.

Emergency Medical Consent Policy
-Form is required, but it does not have to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos and/or radon is not a condition for licensing; financial assistance in the inspection for or remediation of the presence of lead, asbestos and/or radon is not available.
-CA Code of Regulations Title 22 only address the storage of household poisons; CA Environmental Protection Agency, Department of Pesticide Regulation, is responsible for monitoring the use of pesticides around children (such as in family child care homes in rural areas).

Immunization Policy for Children
-Prior to enrollment, all children must be immunized.
-Blood screening for lead levels prior to acceptance is not required.

National Life Safety Fire Code Policy
-Not adopted.

Nutrition Policy
-CA Department of Education, Child Nutrition and Food Distribution Division is state sponsor for USDA CACFP.

Smoking Policy
-Smoking is prohibited in licensed child day care facilities when day care children are present.

Before and After School Programs
-Increase license capacity by 2 (6 to 8, or 12 to 14) provided 2 extra children are schoolage (6 years of age or older); Landlord or property owner gives consent, and parents are notified.

Infant Care
-An infant is defined as birth to 2 years of age
-If licensed for 6, only 3 of 6 may be infants or 4 infants only.
-If licensed for 8, only 2 of 8 may be infants.
-If licensed for 12, no more than 4 may be infants.
-If licensed for 14, no more than 3 may be infants.
-Prohibits use and storage of a full-size or non-full size crib that is unsafe.
-Prohibits use of baby walkers and other similar devices.

Programs for Children with Disabilities
-No separate special regulations.
-Providers must comply with the ADA.

Sick Child Care Programs
-If child shows signs of illness, the child shall be separated and parents must be contacted.
-Providers may care for mildly ill children as long as no medical care is needed by the child; they must be separated from other children.
-If a communicable disease is determined, then the child cannot return until the infectious stage is over.

Tiered Reimbursement for Subsidized Children
-There is no Tiered Reimbursement program in place at this time.

Zoning Regulations
-FCCH considered residential use of property for purposes of zoning.
-Law prohibits specific zoning against LFCCH, but are subject to special use permits in some areas. Fees have ranged from $300-1,600.

Available Resources
-Resource and referral agencies (R&R's) help parents find child care, offer

training and materials for parents, providers, etc.
-State and local family child care associations; support, training, information exchange, etc.

Local Contact
-Regional offices of Community Care Licensing Division Child Care Offices are:
- Child Care Program Office, 8745 Folsom Blvd., Suite 130, MS: 19-48, Sacramento, CA 95826; (916) 229-4500.
- Chico Child Care Office, 520 Cohasset Road, Suite 6, MS: 29-05, D/O 13, Chico, CA 95926; (530) 895-5934.
- River City Child Care Regional Office, 8745 Folsom Blvd., Suite 200, MS: 19-29, D/O 03, Sacramento, CA 95826; (916) 229-4530.
- Fresno Child Care Regional Office, 770 East Shaw Ave., Suite 300, MS: 29-02, D/O 04, Fresno, CA 93710; (559) 445-5700.
- Bay Area Child Care Regional Office, 1515 Clay Street, Suite 1102, MS: 29-04, D/O 02, Oakland, CA 94612; (510) 622-2602
- Peninsula Child Care R.O., 801 Traeger Avenue, Suite 100, MS: 29-24, D/O 05, San Bruno, CA 94066; (650) 622-2602.
- San Jose Child Care R. O., 111 North Market Street, Suite 300, MS: 29-08, D/O 07, San Jose, CA 95113; (404) 277-1286.
- Southern Child Care Program Office, 6167 Bristol Parkway, #400, MS: 29-13, Culver City, CA 90230; (310) 342-6846.
- Mission Valley Child Care R.O., 7575 Metropolitan Drive, Suite 110, MS: 29-20, D/O 20, San Diego, CA 92108-4402; (619) 767-2200.
- Inland Empire Child Care R.O., 3737 Main Street, Suite 700, MS: 29-12, D/O 09, Riverside, CA 92301; (909) 782-4200.
- Orange County Child Care R.O., 750 The City Drive, Suite 250, MS: 29-10, D/O 06, Orange, CA 92668; (714) 703-2800.
- Central Coast Child Care R.O., 360 South Hope Avenue, Suite C-105, MS: 29-09, D/O 17, Santa Barbara, CA 93105, (805) 682-7647.
- Los Angeles East Child Care R.O., 1000 Corporate Center Drive, Suite 200B, MS: 29-15, D/O 33, Monterey Park, CA 91754; (323) 981-3350.
- Los Angeles Northwest Child Care R.O., 6157 Bristol Parkway, Suite 400, MS: 29-13, D/O 30 Culver City, CA 90230; (310) 337-4333.

-The state contracts with 6 counties to perform the licensing tasks for family child care. If a county contracts with the State, the potential family child care provider would contact the County Welfare Department; otherwise they would have to contact the nearest CA Community Care Licensing District Office. The above regional offices can direct the provider to the correct district office.

Pending/New Legislation
-New: Department's inspection authority to all child care facilities is expanded to the period beginning one hour before and end one hour after the facility's normal business hours, or at any time child care services are being provided. Execption is included for complaint investigation visits if the Dept. determines that an inspection is necessary to protect health/safety of children in care.
-Provides for child care licensees to become "inactive" for an extended period of time; must be requested an accepted in writing. Licensee continues to pay annual licensing fee; with execption of a complain, no visits are made.

COLORADO (CO)

Information
Supplied By: Dana D. Andrews
Licensing Administrator
Department of Social Services
Office of Child Care Services
1575 Sherman Street, First Floor
Denver, CO 80203-1714
PHONE: (303) 866-5946
FAX: (303) 866-4453

Number of Regulated Homes

-**4,367** family child care homes;
-**75** infant/toddler homes;
-**114** experienced child care provider;
-**179** group child care homes.
-Licensor-provider ratio: about 1:200 in contract counties for homes. State workers now have strictly center caseload for metropolitan areas or mixed (centers and homes) caseload in outlying areas.

Definitions and Regulatory Requirements

-Licensed - providers who care for 2 or more children from more than 1 family on a regular basis; annual fee is $22, used to fund some State child care licensing staff positions.
-"Regular" means that there is a defined pattern to the care (ex: once a week, every Tuesday and Thursday, etc.)
-Licenses issued as 6 month original provisional or as a permanent non-expiring.
-One provisional license may be issued for 6 months to allow time for the provider to obtain pre-licensing training, and build a fence around the outside play yard.
-"Relative Care" (termed "related") is defined in state law to mean any of the following relationships by blood, marriage or adoption: parent, grandparent, brother, sister, stepparent, stepbrother, stepsister, uncle, aunt, niece, nephew, or cousin.
-Social security number is asked for on the application form and is required to be on file for any provider who receives a government child care payment.
-Staff ratio is 1:6 including family members plus an additional 2 before and after school children; providers may care for no more than 2 children under two years of age.
-Infant/toddler home staff-child ratio: 1 caregiver, 4 children birth to 3 years with no more than 2 children under 12 months including caregiver's children; 2 caregivers, 6 children birth to 3 years with no more 3 under 12 months, including caregiver's children.
-Licensed provider must reside in the home.
-Liability insurance not required; only if state pays for children.

-Substitute caregiver required; need not be licensed.
-Space requirements: inside - 35 sq. ft./child; outside - 75 sq. ft./child.
-State disseminates Consumer Product Safety Commission data on banned children's equipment to licensing workers and contractors, to distribute to providers.
-State requires family child care providers to report to licensing the death of a child, a missing child or child's injury that requires medical care. Reports reviewed, if a serious injury/incident or a patter of concern, workers follows through and may recommend negative licensing action.
-Informal Care/Kith and Kin: No specific guidelines.
-**Experienced Child Care Provider:** Must have been a provider for 6 consecutive years, completed 90 hours of training with a minimum of 40 in infant/toddler training, have no substantiated complaints or negative licensing action in the 2 preceding years.
-9 children at a combination of under two years of age and school age or 8 children 2 of whom are under two years of age.
-Group Family Child Care Homes:
-7 to 12 children; staff/child ratio is 1:6.
-Licensing fee is $33

Unannounced Inspection Procedure
-FCCH inspected before licensing: one unannounced supervisory visit or according to a risk-based variable visit schedule developed by the Department, or whenever there is a complaint.
-Nationally accredited homes would be visited once every 3 years under variable visit schedule.
-When a complaint is filed, an unannounced visit occurs; seriousness of the allegation will determine response time; only licensing violations are investigated.
-Immediate consequences are that violations must be corrected within a set time frame; intermediate consequences are that license can be changed to probationary and/or fines can be assessed; long term - license can be revoked.
-Licenses must be revoked through an administrative procedure prescribed by law. Hearings are held in front of an Administrative Law Judge of the Department of Administration.

Tracking of License Denials and Revocations
-Denial of licenses, license suspensions and revocations are tracked.

Complaint Procedure
-To file a complaint, call the Division of Child Care at (303) 866-5958.
-Complaint must provide a name and telephone number; anonymous complaints are not accepted.

Provider Qualifications
-Provider must be at least 18 years old.
-Initial physical exam followed by exams as required by their physician are required of the provider and family members at the home; husband and teenage children excluded if they are not regularly a part of child care.
-CO law has no immunization requirements for adult providers other than those required by their own personal physicians.

-Name of provider and persons living in home are screened with the child abuse registry.
-Criminal record check required of provider and family member or employee in the FCCH that is 18 years of age or older.
-If provider (or employee or family member) has lived in the state less than two years, then FBI criminal records check required.

Provider Training and Orientation
-FCCH: 12 hours of training, 1 1/2 hours of universal precaution training and first aid and infant/child CPR (and adult CPR if caring for children over 8 years of age) certification required when initially licensed (must be kept current); provider must complete 4 hour medication administration class prior to a license being issued.
-9 additional hours on-going training required annually.
-GCCH: 3 years experience in group care homes or as a licensed child care provider; or 2 years college education plus one year experience in group care homes; or certification as a Child Development Associate (CDA); or 40 clock hours of training and 2 years experience as a licensed child care provider and 2 years experience on a group child care home.
-Orientation for prospective providers not required but occurs in some counties.
-On-line training is accepted for in-service requirement if a certificate is received for completion documenting topics and clock hours received. No on-line training accepted for CPR certification.

Discipline Policy
-Corporal punishment prohibited; discipline must be constructive or educational.

Emergency Medical Consent Policy
-Forms are required; but may not have to be notarized; they must be notarized if required by local hospital or medical clinic; forms need to be updated annually.

Environmental Policy
-Testing for the presence of lead, asbestos and/or radon is not a requirement for licensing.
-No financial assistance is available for the inspection of and remediation in family child care homes for the presence of lead, asbestos and/or radon.
-State regulations do not address the issue of pesticide use near family child care homes located in rural areas.

Immunization Policy for Children
-State regulations require children to be immunized; provider is responsible for maintaining the information.
-Information on the state immunization law is provided by the CO Department of Health and handed out by licensing workers.
-Blood lead level screening is not required for children prior to acceptance into a family child care home.

National Life Safety Fire Code Policy
-Fire Departments in Colorado generally use the National Life Safety Fire Code.

Nutrition Policy
-CO Department of Health sponsors USDA CACFP.
-Two nutritious snacks and noon meal must be served; special arrangements must be made for children in care before 6 AM and after 6 PM; meals must be balanced and include four food groups; children shall not be given food that is contrary to religious beliefs; pasteurized milk should be served.

Smoking Policy
-Smoking is not allowed in any area of the child care home where care occurs, during the hours of child care.

Before and After School Programs
-No separate special regulations.
-State allows 2 additional school age children during non-school times in addition to regular capacity of six.

Infant Care Programs
-Providers that have been licensed for 2 consecutive years with no substantiated complaints may care for 3 children under two years of age.

Programs for Children with Disabilities
-No separate special regulations.
-Providers must comply with the ADA.

Sick Child Care Programs
-Sick child care is not allowed in group care situations including children who are mildly ill.

Tiered Reimbursement for Subsidized Children
-The State does not have a tiered reimbursement program. Individual counties set their own reimbursement rates. Counties continue to evaluate tiered reimbursement. Accredited homes receive fewer inspections because they would be considered low risk.

Zoning Regulations
-FCCH and LFCCH must comply with local ordinances; may include special use permit and/or fee.

Available Resources
-Prospective providers in some counties can attend an orientation that tells them about food programs, resource and referral, and local associations; this information is also in the original licensing packets which providers receive.

Local Contact
-CO Department of Human Services or local contract agency, or regionally located state licensing worker.

Pending/New Legislation
-New legislation in 2003 prohibits a license being issued to any family child care home if the applicant or anyone residing int he home has ever been convicted of or received a deferred judgement for misdemeanor child abuse.

CONNECTICUT (CT)

Information
Supplied By: Devon Conover, Acting Director
Division of Community Based Regulation
Department of Public Health
Child Day Care Licensing
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Hartford, CT 06134-0308
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FAX: (860) 509-7541

Number of Regulated Homes

-3,217 family child care homes.
-60 group family child care homes.
-Licensor-provider ratio: 28 Child Care Licensors are assigned to family day care home, group day care home, and child day care center licensure.

Definitions and Regulatory Requirements

Family Child Care Homes:

-License required; fee is $20 for 2 years; goes to state general fund.
-Renewed bi-annually through provider self-declaring changes in compliance with all regulations and submitting application.
-Exempt: care limited to less than 3 hours per day in a family child care home.
-Provisional licenses are not issued under any circumstances.
-Social security number of provider is required.
-Night care is defined as 10:00 PM to 5:00 AM.
-Year round program defined as open at least 50 weeks/year.
-"Relative Care" means grandchild, niece, nephew, sibling, son or daughter by blood, adoption or marriage.
-Staff/child ratio is 1:6 including provider's children not in school full-time; maximum of 2 infants per provider. May have total of 6 infants, including provider's own, if an approved assistant (must meet Agency qualifications) is present at all times.
-In addition to 6 full-time children, may have up to 3 school age children for up to 3 hours before and after school, during the school year only.
-Licensee not required to reside in the home; family child care facility must be useable as a residence.
-Liability insurance not required; Workers Compensation Insurance required if provider hires staff, vehicles used to transport children must be insured.
-Substitute caregivers must pass screening similar to providers.
-Space requirements: judged as adequate for children's activities.
-Regulations address the administration of medications in family child care homes by providers and substitutes. Providers may administer blood glucose finger sticks, according to regulation.

-State makes information available to licensing staff from the Consumer Product Safety Commission data on banned children's equipment. State website found at: www.dph.state.ct.us is linked to CPSC.
-State requires homes to report to licensing the death of a child, a missing child or a child's injury that requires medical care. Information used to initiate an investigation.
-Informal Care/Kith and Kin: Handled by the Department of Social Services, Peter Palermino, (860) 424-5598.
-Group Family Child Care Homes:
-Initial license for first 6 months, $30; renewed every 2 years, $100.
-7-12 children; maximum of four infants to one caregiver; preschool ratio--1:10.
-Group size required: 8 or fewer for infants; 12 or fewer for others.
-Space Requirements: 35 square feet inside; 75 square feet outside per child.
-Group child care homes may be in a variety of settings.
-No liability insurance required.
-Workers compensation insurance required.

Unannounced Inspection Procedure
-Family child care homes are inspected before licensure; subsequent unannounced monitoring visits to 1/3 of the homes each year.
-Group child care homes inspected every two years.
-When a complaint is filed, there is always an unannounced home visit to investigate the complaint and inspect premises. A copy of the inspection sheet and necessary corrections are left with the provider.
-Confidentiality maintained for up to one month during investigation of allegations.

Tracking of License Denials and Revocations
-Both denials and revocations are tracked; statistical data began 6 years ago and is maintained.

Complaint Procedure
-To file a complaint, call or write the agency; complaints may be anonymous, and the agency will investigate.
-Public can be informed by telephone upon inquiry of: last home inspection, substantiated complaints in the past 3 years and adverse actions on license.
-DPH provide information on all complaints received and substantiated during the past 3 years to any requester, with only limited information held confidential.

Provider Qualifications
-Providers must be at least 20 years old.
-Initial and biennial physical exams and initial negative TB test required of provider.
-Adult household members must have initial exams and negative TB test. No other immunizations required for adults.
-References required.
-Protective services records checked for provider and adult household members and staff.
-Criminal record check with state police required of provider, adult household members, and staff at no cost to provider.

-DPH to conduct a criminal record check, which will now include an FBI check, on each prospective employee/caregiver of FCCH/GCCH/Center. Fingerprints are required; fee paid by caregiver.

Provider Training and Orientation
-6 hour first aid training (child care course) is preservice requirement for FCCH and 1 staff person in GCCH. Must be kept current.
-FCCH - no on-going training requirement.
-GCCH providers must show evidence of continuing education (minimum hours = 1% of work hours per year).
-On-line training is not accepted for in-service training nor CPR.
-CPR is not a separate requirement.

Discipline Policy
-Corporal punishment prohibited.
-Positive behavior management techniques are encouraged.
-Group day care homes must address abuse/neglect.

Emergency Medical Consent Policy
-Forms are required, but they do not have to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos and/or radon is not a condition of licensure for FCCH, but peeling paint must pass lead analysis; GCCH must pass radon and lead testing.
-Regulations address the issue of poisons and hazards. Effective 7/1/2000 Public Act 99-165, prohibits using pesticides during regular business hours in in the building or on the grounds.

Immunization Policy for Children
-Regulations define children's schedule of immunization; provider is required to verify that both day care children and resident children are current prior to enrollment, or have a doctor's appointment.
-Children in provider's family must have annual exams for preschoolers and exams based on school schedule for older children, and current immunizations.
-Screening for blood lead level prior to acceptance into a FCCH or GCCH home is not required.

National Life Safety Code Policy
-Agrees with state fire code.
-Local Fire Marshal approval required for GCCH.

Nutrition Policy
-CT Department of Education is state sponsor for USDA CACFP.
-Regulations address nutrition; FCCH are informed about nutrition programs.
-Licensors monitor for CACFP per agreement with CT. Department of Education.

Smoking Policy
-Providers must not smoke when there is direct physical contact with a child.

Before and After School Programs
-No special regulations, other than developmentally appropriate program.
-Before and after school children should be in the home for no more than three hours each day before school and after school.
-Special endorsement required for GCCH.

Infant Care Programs
-Developmentally appropriate practice, special diaper changing and diaper disposal requirements, infants must be held to be fed; program to allow crawling and individual attention.

Programs for Children with Disabilities
-Individual care plans are required (not written) and regulations support ADA.

Sick Child Care Programs
-Special regulations exist which allow a family child care provider to care for a mildly ill child if that child is there on a regular basis, if the child does not have a fever exceeding 101 degrees, more than 1 undiagnosed episode of diarrhea or vomiting or an undiagnosed rash; no sick child care on a drop-in basis; universal health precautions must be used.
-No mildly ill children in group family child care homes.

Tiered Reimbursement for Subsidized Children
-No at the present time. Plans are being developed to begin a program that so family child care homes that attain Accreditation status will receive a 5% bonus. Contact Department of Social Services, Child Care Team at 860-424-5598.

Zoning Regulations
-FCCH considered legitimate use of residential property; exempt from codes by statute; GCCH must comply with local zoning codes.

Available Resources
-Referral to free R&R service, nutrition sponsors, FCCH associations and publicly funded training.
-Professional and training support: Financial aid, CDA 1-800 info, resource centers, Good Beginnings, Connecticut Charts-a-Course, health and safety courses, first aid courses, mentoring, statewide quarterly newsletter, funding to support FCCH conferences, licensing staff as speakers and presenters.
-Resource materials: discipline, activities, business issues, health and safety, and more.

Local Contact
-One central office of the licensing agency (cars outstationed).

Other Information
-Vehicles are required to be registered and insured; safety belts required.
-Dogs and cats required to be vaccinated for rabies.

Pending/New Legislation
-New: Intermediate remedies for action against a license have been written into the regulations: civil penalties.

DELAWARE (DE)

Information
Supplied By: Janet I. Carter
Office of Child Care Licensing
Division of Family Services
1825 Faulkland Road
Wilmington, DE 19805
PHONE: (302) 892-5803
FAX: (302) 633-5112

Number of Regulated Homes
-1,619 family child care homes.
-52 large family child care homes.
-1 to 140 facilities +/- 15%.

Definitions and Regulatory Requirements
-FCC providers must complete self-certification process.
-Licensure renewed annually.
-Initial Provisional licenses are issued to all new providers for 6 months; license is issued pending the results of the criminal background check.
-Social security number of provider is required.
-The term "Regular Basic" means child care services which are available and provided at a family child care home on more than 1 day in any 1 week or for periods longer than 3 weeks in any calendar year.
-"Relative Care" means a person having any of the following relationships by blood, marriage, or adoption between the caregiver and the child in care: parent, grandparent, brother, sister, aunt, uncle, stepparent, stepbrother, stepsister; a cousin for the purpose of this definition shall not be considered a relative.
-Provider/child ratio is 1:4 with 2 additional school age children for a Level I provider and 1:6 with 3 additional school age children for a Level II provider, including family members under school age; maximum of 3 children under 2 years of age and maximum of 2 children under 12 months.
-Liability insurance not required for FCCH.
-FCCH parents must be given copy of family day care brochure and have free access to the areas of the home used for care during day care hours.
-Children can be released only to persons authorized by parent(s) who has placed the child(ren) in care.
-FCCH must reside in the home in which they provide care.
-Substitute caregiver required and her/his name, address, and phone number must be on file in provider's home; substitute does not have to be licensed.
-No square footage requirement.
-State website links to Consumer Product Safety Commission for providers to get information on banned children's equipment.
-State requires family child care providers to report to licensing the death of a child or a child's injury that requires medical care. Not required to notify in the case of a missing child. Reports are verbal and written notices.

-Informal Care/Kith and Kin: no specific guidelines.
-**Large Family Child Care Homes:**
-Ratio: 2:12 with 2 additional school age children.
-If more than 5 children are under 2 years of age, a third staff person is required.
-LCCH do not have a residence requirement; may provide care in a facility or home other than their residence.
-Square footage requirement: 35 sq. ft. per child.
-Liability insurance is required, covering fire and liability, no set amounts.

Unannounced Inspection Procedure
-Initial, announced inspection of FCCH occurs within 90 days of certification. All FCCH have an unannounced full compliance review annually.
-Annual inspections of LCCH.
-Unannounced visits are made when a complaint is filed; additional follow-up visits may be unannounced or announced depending on nature of the visit.

Tracking of Certification Denials or Revocations
-Both denials and revocations are tracked for an indefinite period of time; information maintained in data system called FACTS which tracks family and resource information in the Department.

Complaint Procedure
-To file a complaint, call or write the Office of Child Care Licensing, or the Division of Family Services Reporting Line.
-Consequences vary depending upon the nature of the complaint; may be corrective action, probation, suspension or revocation.

Provider Qualifications
-FCCH provider must be at least 18 years old.
-Initial physical exam, including TB screening, required of provider, family members who have direct contact with children, and children under 6 years of age living in the house.
-A review of immunization status is required.
-Subsequent exams required only if provider or other adult family member has ongoing health problem.
-Child abuse registry check done on potential provider and family members before licensure; she/he required to list any criminal offenses he/she has committed as well as those committed by family members on application.
-Three written references required.
-Criminal History Records check SBI and FBI required of all members of household 18 years and older.
-Effective 1-1-98: Any person seeking employment in a child care facility shall submit to a Child Abuse registry check and the child care facility shall obtain one or more Service Letters from previous employers for that person.

Provider Training and Orientation
-6 hours of preservice orientation training required for prospective FCCH.
-Orientation curriculum includes: licensure process; review of requirements focusing on caregiver responsibilities, staff-child ratios, health and safety, equipment and activities, program, discipline, food and nutrition, child health,

infection control procedures, communicable disease, business practices, child development, and provider community support systems.
-15 hours of training required in initial year of licensure. Training shall include 9 hours of child development, appropriate caregiving and guidance of children's behavior, and 6 hours of infection control, business practices, nutrition, health, and safety, CPR and first aid.
-12 hours of annual training required for subsequent year of licensure.
-LCCH providers participate in preservice orientation/training with child care center providers.
-LCCH providers required to participate in at least 15 hours of annual training in areas of child development, curriculum development, caring for children with disabilities, appropriate caregiving and guidance, health, safety and infection control.
-On-line training is accepted for annual training requirements that meet specific criteria based on the training approval system. No on-line CPR training.

Discipline Policy
-Corporal punishment prohibited; positive reinforcement is encouraged as method of child management.

Emergency Medical Consent Policy
-Form required; but it does not have to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos, and/or radon is not a requirement of certification; no financial assistance is available for the inspection for or remediation of the presence of lead, asbestos or radon.
-State regulations do not address the issue of pesticide use near family child care homes located in rural areas.

Immunization Policy for Children
-All children must be immunized; responsibility for seeing they are current is family child care provider.
-Blood lead level screening is required prior to the entrance into a certified family child care program.

National Life Safety Fire Code Policy
-An electrical inspection conducted by an approved inspection agency shall be conducted every 5 years.

Nutrition Policy
-DE Department of Public Instruction is state sponsor for USDA CACFP, local sponsors are The Family and Workplace Connection, Catholic Charities and Delaware Parents Association.
-Nutritionally appropriate scheduled meals and snacks shall be served to the children in care for four hours or more per day; all meals must have at least one item from each of the four food groups; all snacks shall include one item from two of the four food groups.

Smoking Policy
-Smoking prohibited while children are in care.

Before and After School Programs
-No special regulations.
-School age care may be provided for 2 additional children no more than 6 hours per day.

Infant Care Programs
-No separate special regulations for family child care homes.
-LCCH Type II (Infant-Toddler Home) - caregiver must have 20 hours of training in infant/toddler development and curriculum, as well as health, safety and nutrition issues pertinent to infant/toddler caregiving.

Programs for Children with Disabilities
-Requirements reviewed to assure no conflict with ADA.

Sick Child Care Programs
-Separate regulations exist specifically for care of sick children.
-In FCCH when a communicable disease occurs, the parent of an exposed child will be notified so that she/he may observe the child.
-Mildly ill children who do not meet the exclusion threshold are able to remain in the home.
-In FCCH any child with a fever over 101 F sustained for over 48 hours, vomiting, unexplained rash, and/or severe diarrhea will be excluded.

Tiered Reimbursement for Subsidized Children
-No program in place at the present time. Their State's plan to improve the early care and education systems calls for the exploration of a tiered reimbursement plan.

Zoning Regulations
-Family day care homes are a permitted use under home occupations in most cases; in a few areas, special permit and fee required.

Available Resources
-Resource and referral, family child care provider associations, purchase of care (state subsidized care information), Delaware First Early Care and Education Career System, CACFP, and small business development information.
-Office of Child Care Licensing supports 4 resource centers (2 in New Castle Co., 1 in Kent Co., 1 in Sussex Co.) and 2 mobile resource vans.

Local Contact
-The Wilmington Office of Child Care Licensing [302-892-5800] and the Dover Office of Child Care Licensing [302-739-5487], both in the Department of Services for Children, Youth and Their Families, Division of Family Services.

Pending/New Legislation
-DE law requires facilities to maintain sex offender notifications in a binder for parents review.

DISTRICT OF COLUMBIA (DC)

Information
Supplied By: Valerie A. Ware, Program Manager
Child and Residential Care Facilities Division
Health Regulation Administration
Department of Health
825 North Capitol St., NE, Second Floor
Washington, D.C. 20002
PHONE: (202) 442-5929
FAX: (202) 442-9430

Number of Regulated Homes

-230 family child care homes, including those in family child care systems.
-Licensor-provider ratio: 5:230 homes + 367 Centers.

Definitions and Regulatory Requirements

-Licensing required for FCC providers, whether independent or participants in one of the three licensed systems; a home occupation permit is required.
-Pre-inspection is required.
-Provisional licenses are not issued under any circumstances.
-Terms "regular" or "regularly" are not defined, but there is exempt "occasional baby sitting."
-"Relative Care" includes any of the following relationships by marriage, blood, or adoption: parent, stepparent, grandparent, brother, sister, stepbrother, stepsister, uncle or aunt.
-Social security number of provider is requested but not required.
-Provider/child ratio is 1:5, provider/infant ratio is 1:2.
-Maximum of 5 children may be cared for including family members under age 6.
-Providers must live in the residence in which they provide care.
-Liability insurance not required.
-Substitute caregiver system required prior to licensing; substitute must meet same requirements as primary provider.
-Providers must have policy statement which addresses their rules for operating.
-An approved fire evacuation drill plan is required.
-Space requirements: A minimum of 35 square feet per child inside FCCH.
-State circulates Consumer Product Safety Commission data on banned children's equipment to licensing staff when made available.
-State requires providers to report to licensing the death of a child, a missing child or a child's injury that require medical care. Incident reports are submitted.
-Informal Care/Kith and Kin: no specific guidelines.
-**DC has no Group Family Child Care Homes.**

Unannounced Inspection Procedure

-Inspections of homes required before licensing; subsequent visits conducted

unannounced at any time.
-If a sexual abuse has been reported, C&RCFD immediately refers to Child Protective Services for investigation; C&RCFD works jointly with them in the investigation to ascertain the facility's compliance with the regulations, i.e. ensuring proper supervision.
-Complaints of unlicensed child care activity will be investigated by C&RCFD for investigation; serious allegations are investigated within 24 hours.
-Complaint investigations that require on-site visits are performed on unannounced basis.

Tracking of License Denials and Revocations
-Both denials and revocations are tracked for 3 years.

Complaint Procedures
-To file a complaint, telephone or write DOH/HRA/C&RCFD, 825 North Capitol St., NE, 2nd Floor, Washington, DC 20002. Phone: 202-442-5929
-Complaints are prioritized according to the nature; allegations of physical or sexual abuse are referred immediately to Child Protective Services for investigation. Immediate consequences and penalties for violations in licensed facilities are the issuance of fines for routine infractions.
-For unlicensed activity, a Cease and Desist Order can be issued as well as a fine levied.

Provider Qualifications
-FCC provider must be between 18 and 70 years of age; over 70 must provide a statement from a licensed medical doctor saying that they are capable of caring for children.
-Initial physical exam required of provider; annual exams required of provider and adults in home when children are present.
-Physical must include TB testing, but no other immunization required for adults.
-Three written references required for initial licensing.

Provider Training and Orientation
-Emergency first aid preservice training is required and must be kept current.
-Orientation recommended for potential providers.
-Orientation includes information on licensing regulations in DC; offered the second Thursday, on a quarterly basis, at 825 North Capitol St., NE, at 9:30 AM. Call 202-442-5929 to register.
-On-line training would be accepted since it is not addressed in the current regulations. No on-line training is accepted for CPR.

Discipline Policy
-Corporal punishment not addressed in current regulations, but prohibition is proposed in pending revision.

Emergency Medical Consent Policy
-Forms are required, but do not have to be notarized.

Environmental Policy
-Testing for the presence of lead-based paint, but not asbestos or radon is a requirement of licensure; no financial assistance is available for the

remediation of the presence of lead-based paint.
-DC regulations do not address the issue of pesticide use near family child care facilities.

Immunization Policy for Children
-Children must be immunized; provider is responsible for maintaining complete records, reflecting current immunizations.
-Blood lead level screening for children under 6 years of age prior to entrance into a family child care home is required.

National Life Safety Fire Code Policy
-Contact D.C. Dept. of Consumer and Regulatory Affairs, Building and Land Regulation Administration Fire Inspection Division (202) 442-4698.

Nutrition Policy
-The D.C. Public Schools is the state sponsoring agency.
-All meals and snacks must comply with USDA CACFP.

Smoking Policy
-Smoking is allowed, but providers are strongly encouraged not to smoke.
-Regulations do not address smoking.

Before and After School Programs
-No separate special regulations.
-No policy with regard to overlap time; child/staff ratios must be maintained at all times.

Infant Care Programs
-No separate special regulations.

Programs for Children with Disabilities
-No separate special regulations.
-Providers must comply with the guidelines of the ADA.

Sick Child Care Programs
-No separate special regulations.
-Current regulations does not address care of mildly ill children in family child care home, however, proposed regulations will address this issue.

Tiered Reimbursement for Subsidized Children
-The new 3 level tiered reimbursement program entitled Going for the Gold took effect 6/1/00. All caregivers currently caring for subsidized children are automatically part of the new tiered program.

Zoning Regulations
-Home Occupation Permit is required at no cost.

Available Resources
-Orientations to licensure requirements; pre-inspections for technical assistance; fire and lead inspections; referrals to CACFP sponsor.

Local Contact

-Department of Health, Health Regulation Administration, Child and Residential Care Facilities Division (202) 442-5929.

Pending/New Legislation

-There are pending revised regulations for all child development facilities including family child care mandatory annual training.

FLORIDA (FL)

Information
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Number of Regulated Homes

-**5,093** licensed family child care homes.
-**2,936** registered family child care homes.
-**161** large family child care homes.
-Licensor-Home Ratio - 1:100 approximately; optimum not determined.

Definitions and Regulatory Requirements

-Licensed FCCH may have up to 5 preschool children with one provider; additional before and after school children allowed as long as total number of children in home does not exceed 10 and no more than 2 are under 12 months of age;
OR a maximum of 4 children from birth to 12 months of age;
OR a maximum of 3 children from birth to 12 months of age and other children for a maximum total of 6 children;
OR a maximum of 6 preschool children if all are older than 12 months of age;
OR a maximum of 10 children if no more than 5 are preschool age of those 5, no more than 2 are under 12 months.
-All ratios must include those children under 13 years of age who are related to the caregiver.
-Exemption: A provider who only cares for children from one unrelated family.
-Licensing is required for those who wish to participate in child food programs or per county ordinance.
-Licenses are renewed annually and require two on-site inspection for compliance with regulations by State of Florida.
-Social security number of provider is required on application per S.402.308,F.S.
-Providers (owner/operator) must reside in the home in which they provide care.
-Liability insurance not required for registered or licensed homes.
-No square footage requirement.
-The term "regular" as it relates to family child care is not defined.
-Registered FCCH (not required to be licensed) are registered with Dept. of Children and Families or local/county licensing agencies; these homes are not monitored.
-If not subject to license (if no county authority exists for the licensing of a family day care home), family day care home must register annually with the Department or local licensing agency, by providing the following information: name and address of the home; name of the operator; number of children served;

proof of a written plan to provide a substitute in case of emergency; proof of background screening clearances; successful completion of the 30 hour training course, as evidenced by passage of a competency examination; and proof that immunization records of children in care are kept current.
-State has designated staff to receive Consumer Product Safety Commission data on banned children's equipment. Information is disseminated to all licensing staff statewide.
-State does not require family child care providers to report to licensing the death of a child, a missing child or a child's injury that requires medical care. However, all accidents/incidents which occur at a licensed home must be documented and shared with custodial parents or legal guardian on the day they occurred. Records of accidents/incidents must be maintained for one year, therefore, this information is shared with licensing staff during inspection. In the case of a death or a missing child, law enforcement is notified and there is a working relationship between law enforcement and licensing staff, therefore the information would be shared.
-Informal Care/Kith and Kin: requires background screening and 3 hours training.
-**Large Family Child Care Homes:**
-Operator must be 21 and have a CDA or equivalent for one year; must have one employee age 18; must reside in the home and must have first operated a licensed FCCH for two consecutive years in the State of Florida;
-Children allowed: (a) maximum of 8 from 0 - 24 months; (b) a maximum of 12, with no more than 4 under 24 months.
-LFCCH must have one person on premises during all hours of operation with a valid certificate for infant and child CPR and first aid training.
-LFCCH must have 35 sq. ft. of usable indoor space per child; have 270 sq. feet of fenced usable outdoor play space on the property exclusively for children.

Unannounced Inspection Policy
-All homes are inspected before licensing; FCCH receive 2 unannounced inspections per year.

Tracking of License/Registration Denials and Revocations
-Denials revoked, closed & suspended are tracked.
-The Child Care Licensing Information system became effective 8-2-2001 and maintains compliance/noncompliance inspection reports of licensed home in the state as well as registration information on registered homes.
-Tracks due dates on routine inspections, annual licenses and registrations, and corrective action due date for noncompliance issues, as well as other license status (revocations, suspension, closed).

Complaint Procedure
-To file a complaint, parent, guardian or other party notifies licensing agency; complaint is investigated.
-Necessary corrective action is followed; unannounced visit is usual.
-Consequences: depends on severity; usually corrective action required but an administrative fine is possible.

Provider Qualifications
-Must be at least 18 years old and of good moral character.
-Fingerprint check, local, state and Federal criminal record check, and abuse

registry clearance required and employment history checks for previous 2 years.
-Additional licensing or registration requirements must be provided for family child care homes which include the following: proof of substitute care, proof of background clearance, proof of training and proof of children's immunizations.
-No other immunizations required for provider or other adults.
-Substitutes in licensed homes must meet the same requirements as providers, with the exception training if the substitute works less than 40 hours per month on average during a 12-month period. (If the substitute works less than 40 hours per month on average during a 12-month period, only required to take 3 hours of child care courses.)

Provider Training and Orientation
-Prior to caring for children, FCCH providers must successfully complete the 30 hour training as evidenced by passage of a competency based examination.
-In addition to the successful completion of the 30 hour training course completed prior to caring for children, LFCCH operators must successfully complete training as evidenced by passage of a competency based examination on the following: 10 hour training modules within six months of licensure: Infant and Toddler Appropriate Practices, Preschool Appropriate Practices, School-age Appropriate Practices, Special Needs Appropriate Practices or Behavioral and Observation Screening.
-CPR & First Aid Requirement, Water Safety Course or Lifeguard Certificate.
-On-line training is accepted for in-service training because it does not have to be pre-approved; it must comply with child care topics outlined in the rule. No on-line training is accepted for CPR certification.

Discipline Policy
-Must be age appropriate, children shall not be subjected to discipline which is severe, humiliating or frightening; cannot be associated with food, rest or toileting; spanking or any other form of physical punishment is prohibited.

Emergency Medical Consent Policy
-Emergency medical forms required, but they do not need to be notarized.

Environmental Policy
-No information available on presence of lead, asbestos and or radon.
-State regulations do not address the issue of pesticide use near family child care homes in rural areas.
-All areas and surfaces accessible to children shall be free of toxic substances and hazardous materials.

Immunization Policy for Children
-Children must be fully immunized; licensed FCCH and LFCCH are monitored twice a year for compliance with the standards. Corrective action is imposed for failure to comply; registered FCCH attest that immunizations for children in care are current and maintained.

National Life Safety Fire Code Policy
-Determined by local application; carried out on an individual basis.

Nutrition Policy
-FL Department of Health is state sponsor for USDA CACFP.
-If the operator chooses to supply food, the operator shall provide nutritious meals and snacks of a quantity and quality to meet the daily nutritional needs of the children. The USDA Food Guide Pyramid for Young Children shall be used to determine what food groups to serve at each meal or snack.

Smoking Policy
-Operators shall inform parents if someone living in the home smokes. While children are in care, smoking is prohibited within the family day care home and all outdoor play areas and in vehicles transporting children.

Before and After School Programs
-No provision for overlap time for integration of school age into a FCCH caring for younger children. Staff/child ratios must be maintained at all times.

Infant Care Programs
-Infants up to 1 year must sleep in a crib, portacrib or playpen with sides.
-Young infants not capable of rolling over on their own shall be positioned on their back and on a firm surface to reduce the rise of Sudden Infant Death Syndrome unless an alternate position is authorized in writing by a physician.
-Diaper changing area with impermeable surface must be cleansed with a sanitizing solution after each use.

Programs for Children with Disabilities
-No separate special regulations.

Sick Child Care Programs
-If child has a communicable illness, child must be isolated, parents called so they can take child home. Specialized facilities for the care of Mildly ill facilities standards implemented 5-21-00.

Tiered Reimbursement for Subsidized Children
-A conditional tiered reimbursement program authorized in 1996. The "Gold Seal Quality Care Program" established a three tiered quality rating system with the highest rating given to providers which are accredited by a nationally recognized accrediting association. The rates paid allow 20% above the prevailing market rate, which varies from district to district. Responsibility of the Florida Partnership for School Readiness, call 850-922-4200 and has current year proviso language in Florida's Legislative Implementing bill.

Zoning Regulations
-FCCH are expected to comply with local ordinances. However, a license will be issued as licensing law does not require such compliance.

Available Resources
-DCF technical assistance, FCCH coordinators for subsidized programs; local associations (check with area licensing authority for referral). Florida FCCH Mentor Program through the Florida Children's Forum, and Florida Family Child Care Home Association training grants.

Local Contact

-Dept. of Children and Families has responsibility for licensing in 59 out of 67 counties; local counties have licensing responsibility in 8 counties, pursuant to county ordinance.

Pending/New Legislation

-NEW: Requires licensed family child care homes, large family child care homes, and registered child care home providers to complete 10 hours of in-service training or 1 continuing education unit annually.
-Requires all family child care home and large family child care home providers to complete 5 hours of Departmentally approved literacy training.
-Requires the operators of registered family child care homes to annually complete a health and safety home inspection self-evaluation checklist to provide to parents.
-Requires the Department to define by rule, after school programs that are exempt from licensure.

GEORGIA (GA)

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Number of Regulated Homes
-**6,321** family child care homes.
-**243** group child care homes.
-Licensor to provider ratio: no information available.

Definitions and Regulatory Requirements
-Registration for FCCH caring 3-6 children for pay who are unrelated to provider required; persons caring for 1-2 children are legally exempt; registration via the mail; no fee.
-"Regular" or "regularly" means any person who receives therein for pay for supervision and care fewer than 24 hours per day.
-"Relative Care" means within the second degree of consanguinity or affinity (grandchildren, nieces, nephews, first cousins).
-Provisional registration certificates can be issued for a period less than one year if circumstances warrant.
-Social security number of provider is required.
-Provider may care for maximum of 6 unrelated children for compensation, plus 2 additional children ages 3 and up for 2 hours per day.
-Provider/infant ratio is 1:3.
-Care must be provided in a private residence, but provider is not required to live therein.
-Liability insurance not required.
-Space requirements: A minimum of 35 square feet per child inside FCCH; there is no space requirement outside the home.
-State distributes to regulatory staff Consumer Product Safety Commission data on banned children's equipment to share with regulated family child care homes.
-State requires family child care providers to report to licensing the death of a child, a missing child or a child's injury that requires medicare care. Data used to investigate rule compliance.
-Informal Care/Kith and Kin: Provider must have smoke detector and fire extinguisher, criminal background check, and 8 hours of health and safety training.
-**Group Child Care Home:**
-Licensing required: temporary or restricted licenses may be issued.
-GCCH is care for 7-18 children.
-Staff/child ratios: Infants less than 1 year old or children under 18 months who are not walking - 1:6; Walking 1 year olds - 1:8; 2 year olds - 1:10; 3 year olds - 1:15; 4 year olds - 1:18; 5 year olds - 1:18; 6 year olds -

1:18; for mixed age groupings, the age of the youngest child under 3 years of age shall determine the staff/child ratio for the group in which child(ren) under 3 years of age are cared for.
-Administrator must be 21 years of age; other caregivers may be 18 years of age.
-Must follow specific GDCH regulations.

Unannounced Inspection Procedure
-Initial inspections of family child care home required made within 6 months of registration; all complaints investigated through unannounced visits; 20% random sample inspected annually.
-Follow-up inspections are conducted as necessary following initial and 20% inspections and complaints; no other procedures are in place.

Tracking of License/Registration Denials or Revocations
-Both denials and revocations are tracked for 1 year.

Complaint Procedure
-To file a complaint, call the child care licensing section.
-Consequences are that providers are given notice of violations and an opportunity to correct. Civil penalties (monetary fines) may be assessed if violations are not corrected or children are injured or placed in life-threatening situations.
-Registration can be revoked if children's health and safety are jeopardized.
-Registration can be restricted if problems confined to specific service.

Provider Qualifications
-Provider must be 21 years old.
-Provider must have high school diploma or GED.
-No immunization of the providers and adult members of the household required.
-No references required.
-Fingerprinting and criminal record check required of provider; family members must also have criminal record check. Cost is $24 for fingerprints and $3 for criminal records background check for director, employees, and other adults in home prior to initial registration/license.

Provider Training and Orientation
-No preservice training requirement except that providers must have current CPR and first aid certificate.
-10 hours training annually in areas of child development, health, child abuse detection, prevention and reporting, and certain business-related topics.
-In GCCH, administrator and person primarily responsible for food preparation shall receive 4 clock hours of training in food nutrition planning, preparation, serving, proper dish washing and food storage.
-On-line training accepted only from State College/University for in-service requirements. No on-line training for CPR.

Discipline Policy
-Corporal punishment prohibited.

Emergency Medical Consent Policy
-Form is required; but form does not have to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos and/or radon is not a requirement of registration; no financial assistance is available for the inspection for or remediation of the presence of lead, asbestos and/or radon.
-State regulations do not address the issue of pesticide use near family child care homes located in rural areas.

Immunization Policy for Children
-Children are required to be immunized; parents are responsible for obtaining immunizations; provider must keep the children's information current.
-Blood lead level screening is not required for acceptance into a registered family child care home.

National Life Safety Fire Code Policy
-Not adopted.

Nutrition Policy
-Office of School Readiness is state sponsor for USDA CACFP.
-Meals and snacks should be nutritious and well-balanced.

Smoking Policy
-Smoking and use of tobacco are prohibited when children are present for care.

Before and After School Programs
-No separate regulations.
-Providers are allowed to care for a maximum of 8 children for 2 hours a day if the additional children are 3 years of age or older.

Infant Care Programs
-No separate regulations.

Programs for Children with Disabilities
-No separate regulations.

Sick Child Care Programs
-Same rules and regulations with variances granted for special circumstances.
-Regulations prohibit the care of mildly ill children in homes.

Tiered Reimbursement for Subsidized Children
-A pilot program began 7-1-01 in 11 counties.

Zoning Regulations
-Regulations do not require local approval, except for GCCH.

Available Resources
-Georgia Association for Child Care Resource & Referral.
-Office of School Readiness.
-Georgia Department of Family & Children Services.
-Georgia Child Care Council.

Local Contact
-DHR, Office of Regulatory Services, Child Care Licensing Section.

Pending/New Legislation
-None.

HAWAII (HI)

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Number of Regulated Homes
-422 family child care homes.
-7 large family child care homes.
-Licensor-provider ratio: 1:6, including many other duties.

Definitions and Regulatory Requirements
-Registration required for 3-6 children; providers caring for 1-2 children are legally exempt from regulation; no fee.
-Registration certificates are valid for two years.
-Term "regular" is not used; child care services are provided on a full-time or part-time (hourly) basis with 27 or more hours = full-time and 26 or fewer hours = part-time based on a 40 hour week.
-"Relative Care" is defined as children by blood, marriage, or adoption and they are legally exempt from licensing rules.
-Social security number of provider is requested; voluntary disclosures on mandatory criminal history record clearance where name check only is required.
-Provisional certificates are issued for up to 6 months if provider is in substantial compliance with minimum standards and no conditions exist which might threaten the safety or health of a child.
-Provider can have up to 6 children; no more than 2 under 18 months; up to 4 under 18 months with an additional adult caregiver. Excludes provider's children who are:
a) 6 years of age or older or;
b) in school or enrolled in a child care facility for more than 6 hours/day.
-Providers must reside in the home in which care is provided.
-Liability insurance not required; providers must inform parents whether it is available or not.
-Registration certificates renewed annually with recertification forms.
-Space requirements:
a) 35 sq. ft. per child inside;
b) for outdoor space, a minimum of 150 sq. ft.;
c) for children 12 months and older, a minimum of 75 sq. ft. per child.
-State will be entering into an agreement with Consumer Product Safety Commission on distribution of materials regarding banned children's equipment as well as minimum training of licensing staff on identify those products.

-State does not require family child care providers to report to licensing the death of a child, a missing child or child's injury that requires medical care.
-Informal Care/Kith and Kin: providers and parents of children receiving care receive child development information.
-**Large Family Child Care Homes:**
-License required for care for 7-12 children; renewal every 2 years.
-Staff/child ratios: 1:8 for 2 year olds; 1:12 for 3 year olds; 1:16 for 4 year olds; and 1:20 for 5 and older. All children must be over 24 months.
-Must comply with all group home and center care regulations.

Unannounced Inspection Procedure
-Homes are inspected before registration; subsequent random visits occur occasionally, or in the case of a complaint. No advance notice of visit is necessary. Annual site visits are made.
-When a complaint has been filed, an unannounced visit is initiated; after the police or CPS worker conducts his/her investigation, may be another follow-up.

Tracking of Registration Denials and Revocations
-Both denials and revocations are tracked for 3 years.

Complaint Procedure
-A complaint may be filed by calling the licensing office, Child Protective Services or the police.
-Consequences: generally progressive discipline is practiced; i.e., oral, written, sanctions, suspensions, revocation unless children's health and welfare are in immediate danger--then suspension/revocation is indicated.

Provider Qualifications
-Provider must be at least 18 years old.
-Providers and all household members must have physical exam and clearance for TB before registration.
-No other adult immunizations required.
-Two written references required.
-Criminal record checks and fingerprinting done for applicant, usually provider and spouse and all other employees.
-Child abuse background check is also done.
-Provider's employment history for 3 years preceding application is checked.

Provider Training and Orientation
-FCCH - 2 week voluntary preservice training for those who are not CDA or with college pending.
-Training is required for renewal of license; providers must show written evidence attesting to increased knowledge in two or more of the following areas: physical care of the young child, care of the sick child, foods and nutrition, growth and development, learning activities and play, working with parents, child management, management of a family child care home, infants, children with disabilities, first aid or community resources.
-DHS has a separate purchase of services contract with the PATCH (People Attentive to Children), a non-profit training agency, to provide training to active and potential family child care providers. There is no minimum charge for the training which covers health and safety issues, child development and

management, and creating a safe and nurturing environment.
-Orientation for prospective providers for whom the department has been able to obtain the services of People Attentive to Children to provide group orientation on a quarterly basis.
-On-line training is accepted, regulations do not limit source of training. No on-line training accepted for CPR.

Discipline Policy
-Corporal punishment prohibited.
-Providers cannot use humiliation or any other method which is harmful, frightening or damaging to the child's health or self-esteem.

Emergency Medical Consent Policy
-Forms are required, but they do not have to be notarized.

Environmental Policy
-Testing for the presence of asbestos, and/or radon is not a requirement.
-Testing for presence of lead is a requirement of licensure, enforced on a case by case basis, except that licensing regulations stipulates "lead based paint may not be used on surfaces accessible to children."
-Financial assistance for the inspection for or remediation of the presence of asbestos or radon is not available.
-Financial assistance of up to $300 is available to off-set the cost of lead-level testing for a limited time to identified facilities.
-State regulations do not address the issue of pesticide use near family child care homes in rural areas.

Immunization Policy for Children
-Children must be immunized; providers must maintain immunization records on each child.
-Records for school age children available at school; copy of immunization need not be maintained in family child care home.
-No information provided about lead level screening requirements.

National Life Safety Fire Code Policy
-Must meet local fire codes.

Nutrition Policy
-HI Department of Education is state sponsor for USDA CACFP.
-Providers are required to meet USDA recommendations relative to length of time in care, amount and frequency of meals.

Smoking Policy
-Smoking prohibited by state law in all child care facilities during the hours of operation.

Before and After School Programs
-Child staff ratio is 1:20
-Before and After School Regulations are located at Chapter 17-896.
-No provision for overlap time; child staff ratio must be maintained at all times, regardless of age.

Infant Care Programs
-Infant and Toddler Regulations are found in chapter 17-895.

Programs for Children with Disabilities
-Special training required for providers caring for children with disabilities.
-Providers must comply with the guidelines of the ADA.

Sick Child Care Programs
-Regulations allow for care of mildly ill children in small and large family child care homes; provider must address subject of admission of ill children in their health policy. Policy would include information regarding medical consultations, special care and medication and policies must be explained to parents at time of enrollment.
-Family, Group, and School Age care rules require sick children to be separated.

Tiered Reimbursement for Subsidized Children
-There is a Tiered Reimbursement program in place for full and part time child care available for group and family child care homes as well as child care centers. A market rate study was recently conducted and with required approvals, we anticipate changes to the current reimbursement table.

Zoning Regulations
-Must comply with local ordinances.

Available Resources
-Training, recruitment, technical assistance, food program.

Local Contact
-Child Care Program Office, Benefit, Employment and Support Services Division, Department of Human Services, 820 Mililani Street, Suite 606 Honolulu, HI 96813 [Phone: 808-586-7050].

Pending/New Legislation
-Funding for new initiatives to enhance quality in child care as well as a Governor supported initiative to invest in encouraging more families to engage their young children in pre-kindergarten, pre-school and school readiness with the development of the Pre-Plus Program. There are currently 3 Pre-Plus sites in operation with additional sites being prepared for 2003-2004 school year. Also, consideration is being given to secure additional Pre-Plus sites throughout the State.

IDAHO (ID) +

Information
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Number of Regulated Homes

-150 family child care homes.
-165 family child care homes, City of Boise.
-30 family child care homes, Coeur D'Alene.
-650 group family child care homes.
-100 group family child care homes, City of Boise.
-140 family and group child care homes, Cities of Lewiston, Pocatello, Chubbuck, and Moscow
-Licensor-provider ratio: no state information provided.

Definitions and Regulatory Requirements

-State of ID [See individual cities' definitions and requirements below.]
-Family Child Care Homes
-Voluntary licensing: receives basic child care license for care of 6 or fewer children.
-Voluntary renewal every two years upon reapplication.
-Under voluntary licensing, fire inspection and health inspection are required upon each renewal, subsequent fire inspections and health inspections also required.
-Licensing fees: Fire: up to $20; Health: $35; Criminal History Check: $45 per individual plus taking prints when necessary.
-Terms "regular" or "regularly" not defined as it pertains to definition of family child care services.
-"Relative Care" is not defined, but references "blood or marriage" relation.
-Provisional licenses are issued if the pending receipt of FBI criminal background check, and self-declaration are positive.
-Social security number of provider is required.
-Provider/child ratio: 1:6 for all children age 18 months or less; 1:12 for all children above 18 months, but less than 5 years; and 1:18 for all children whose age is 5 years or more.
-No space requirements.
-Providers are not required to reside in the home that is used to provide care.
-Liability insurance is not required.
-No information if State provides Consumer Product Safety Commission data on

banned children's equipment.
-State does not require providers to report to licensing the death of a child, a missing child, or a child's injury that requires medical care.
-Informal Care/Kith and Kin: No specific guidelines.
-**Group Family Child Care Homes:**
-Certification required by ID State law.
-Care of 7-12 children; provider/child ratio is 1:12.
-Fire inspection and health inspection are required upon each renewal, subsequent fire inspections and health inspections are also required.

-**Individual FCCH and GCCH Regulations by City:**
-**City of Boise**: [MOST STRINGENT LICENSING REQUIREMENTS IN THE STATE]
-License required for FCCH (care of 1-5 children); annual fee of $50.
-License required for GCCH (care of 6-12 children); annual fee of $75.
-Fee for FBI fingerprint verification, $39.
-Pre-licensing inspection required.
-Child care rooms may not be located above or below the first story.
-The term "regular" refers to children under 13 years of age for periods less than 24 hours per day while parents or guardians are not on premises.
-"Relative Care" is defined as care of children directly related to the caregiver by blood or marriage, unless child care is also provided to unrelated children.
-Provider to child ratios are determined on a point system and providers own children are included in the point calculation. For mixed age groups single age ratios: 1-12, 4 years old and older; 1-10 under 4 years old and over 2 years old; 1-6 under 2 years old.
-Space requirement: 35 sq. ft. per child
-Current immunization card required for each child; special medical and religious exemptions allowed.
-At least one adult is required at all time who has current proof of training in pediatric first aid and CPR, including rescue breathing.
-10 hours of training per facility licensing year required in the areas of child development, business management, safety, or health; other child care workers required to have 4 hours per year - number of hours now vary with experience - least experienced; owner= 14 hrs., worker = 10 hrs - most experienced; owner = 4 hrs., worker = 4 hrs. .
-Annual health and fire inspections required.
-Violations and complaints actively investigated and enforced.
-Holds unannounced and random facility spot checks.
-Introduction to high quality child care course now required for all new facility applicants.

-**City of Coeur d'Alene**:
-License only valid for 1 year; licensing fee is $50 which includes fire.
-Health fee, $35; criminal history check, $40.
-Compliance with fire and safety regulations is required.
-The term "regular" refers to care for or attend to for any part of a 24 hour day.
-None of the children related by marriage or consanguinity to the operator shall be considered as a child under the staff/child ratio or in the definition of child care facility.

-File with the City Clerk's office current certification that staff is certified in infant/child first aid and pediatric rescue breathing.
-Requires TB test or doctor's certification stating the applicant is TB free.
-FCCH must be 21 years old.

-City of Lewiston:
-Registration (54) required for FCCH (care of 1-6 children, not including children or stepchildren of the provider).
-Informal Care/Kith and Kin: requires family day care registration.
-Licensing (3) required for GCCH (care of 7-12) children, not including children or stepchildren of the provider).
-Approval of a Conditional Use Permit from the Planning and Zoning Commission is required; Business License is required.
-Two care providers must be present at all times.
-Compliance with fire and safety regulations is required.
-Resident persons are exempt from fingerprinting unless they provide unsupervised care of day care children.
-4 hours of child development related education/training per year is required for the provider, employees and assistants.
-First aid or CPR is not required.

-City of Pocatello:
-License required for GCCH (care for 6 or more children under 12 years of age); valid for 1 year; initial fee $150, renewal fee $100; regular inspections, some unannounced. Fee includes background check, fire, health inspection, and planning and zoning.
-Background/criminal history check required for all providers, employees, and other people over the age of 12 years residing in the home; initial fee $50 per person, renewal is $15 per person.
-Each child under 18 months of age is considered as 2 children for the purpose of determining the maximum number of children allowed per staff.
-In the event of emergency school closures, up to 3 additional school age children for whom compensation is received may be allowed on premises for a maximum of 2 consecutive days without affecting staffing requirements.
-First aid training and certification in CPR is required within 90 days of licensing.
-Owner/operator, employees and volunteers shall also have 4 hours of on-going training. CPR/First Aid required in addition to other training in child development, guidance, learning environment, health & safety, and program management.
-Specific regulations regarding number, placement, and maintenance of smoke detectors and fire extinguisher.

-City of Chubbuck:
-License required for GCCH (care of 5 or more children under 12 years of age) and valid for 1 year with unannounced visits. (Background check for this license renewed every year).
-Facility or home must pass yearly inspection by District Health Department before business license is renewed.
-The term "regular" excludes occasional care of a child or children by neighbors, relatives or friends not ordinarily engaged in child care for

pay and a facility providing child care for children of only one family in addition to the provider's own child, children or stepchildren.
-"Relative Care" is not defined.
-Specific regulations regarding number, placement, and maintenance of smoke detectors & fire extinguishers, plus guidelines for minimum number of exits.
-Fire drills shall be held at least once a month.
-All employees must maintain current CPR and First Aid certification, as well as 4 hours of child care related training per year. Each employee must also view a tape on "Shaken Baby Syndrome".
-No smoking allowed in daycares during hours of operation.

-**City of Moscow**:
-No license required for FCCH (care of 6 or fewer children); up to 4 additional school age children may be cared for.
-License required for GCCH (care of 7-12 children); up to 6 additional school age children may be cared for; license valid for 1 year.
-License fee, $50; fingerprint processing fee, $35; required health inspection fee, $35; background check, $10.
-Provider to child ratio determined by a point system with provider's own children included in the total.
-Specific regulations regarding in-ground and above-ground swimming pools and hot tubs.
-Play area must be fenced in with self-closing and latching gates.
-Must be equipped with emergency lighting if portions of the facility are windowless or care is provided at night.
-All smoke detectors must be hard wired.
-FCCH and GCCH care area cannot exceed one story.
-Specific regulations regarding number, placement and maintenance of smoke detectors and fire extinguishers.
-Has adopted Life Safety Fire Code.
-CPR and First Aid required and 4 hours of child development related education or training per year required for all staff.

Unannounced Inspection Procedure
-Child protection issues are investigated with on-site visit which may be unannounced; licensing issues may require unannounced on-site visit; quality of care is not regulated other than in this manner by State of Idaho.

Tracking of License Denials or Revocations
-No tracking is done by State of ID.

Complaint Procedure
-To file a complaint, concerns may be directed verbally or in writing to the licensing/child protection agency or resource and referral.
-Consequences depend on circumstances; license may be suspended or revoked, also possible criminal action.

Provider Qualifications
-State of Idaho
-FCCH must be 18 years old.
-No immunization requirements for provider or other adults in the household.

-Criminal history checks are done on the owners, operators, and employees of a child care facility who have direct contact with children, and on all volunteers and other individuals 12 years of age and older who have unsupervised direct contact with children.
-In Moscow, provider must be 21 if only staff, minimum age for staff is 16.

Provider Training and Orientation
-State of Idaho
-No preservice training/orientation is required.
-4 hours of training required per year if licensed.
-On-line training is not accepted for in-service training.

Discipline Policy
-No state discipline guidelines.

Emergency Medical Consent Policy
-No state regulations.

Environmental Policy
-Testing for the presence of lead, asbestos, and/or radon is not required for licensure; no financial assistance is available for the inspection for or remediation of the presence of lead, asbestos or radon.
-State regulations do not address the issue of pesticide use near family child care homes located in rural areas.

Immunization Policy for Children
-If licensed or certified:
-Children are required to be immunized, and providers must have records on file.
-Parents are responsible for maintaining immunization schedule and keeping the record current.
-Blood lead level screening is not required for entrance into a family child care home.
-Chubbuck requires all children to be age appropriately immunized with a copy kept on file by provider.

National Life Safety Fire Code Policy
-Not adopted on a statewide bases; licensure of homes not required by statute is permissive.

Nutrition Policy
-ID Department of Education is state sponsor for USDA CACFP.
-No current policies regarding nutrition.

Smoking Policy
-Smoking is allowed with no restrictions; children are not protected against second-hand smoke.
-City of Chubbuck- no smoking allowed in daycares during hours of operation.

Before and After School Programs
-No state policy regarding overlap time when integrating when preschool children.

Infant Care Programs
-No separate special state regulations.

Programs for Children with Disabilities
-No special state regulations.
-Providers must comply with the guidelines of the ADA.

Sick Child Care Programs
-No separate special state regulations.
-City of Boise has sick child care guidelines.
-Lewiston allows for care of mildly ill children in homes.
-In Moscow children who are ill with a communicable disease must be isolated.

Tiered Reimbursement for Subsidized Children
-There is no program in place at this time.

Zoning Regulations
-FCCH and GCCH must comply with local ordinances.

Available Resources
-Child and Adult Care Food Program Sponsors, Child Care Resource and Referral Organization; state family child care association.

Local Contacts
-ID Dept. of Health and Welfare Regional Offices.
-City of Boise, Licensing Division, Office of the City Clerk, 150 N. Capitol Boulevard, Boise, ID 83701; (208) 384-3705.
-City of Coeur D'Alene, Office of the City Clerk, City Hall, 710 E. Mullan, Coeur D'Alene, ID 83814-3964; (208) 769-2229.
-City of Pocatello, Office of the City Clerk, P.O. Box 4169, Pocatello, ID 83205; (208) 234-6215.
-City of Chubbuck, Police Department, 5160 Yellowstone Avenue, P. O. Box 5604, Chubbuck, ID 83202-5604; (208) 237-7172.
-City of Lewiston, Day Care Registration and Licensing, P.O. Box 617, Lewiston, ID 83501; (208) 746-3671.
-City of Moscow, Office of the City Clerk, P.O. Box 9203, Moscow, ID 83843; (208) 883-7000.

Pending/New Legislation
-City of Boise--A proposed modification has been sent to City Council for approval of definition of "relative care". The definition of "blood or marriage relation" will read as: "niece, nephew, first or second cousin, grandchild, brother or sister, son or daughter related by either blood or marriage".
-Also, Boise has pending changes to ordinance that will: require carbon monoxide detectors in all homes with flame-source utilities; increase sight/hearing supervision requirement; modify staff training requirements and classify directors and workers into these training classifications based on academic and/or vocational experience.

+ Information not reverified by State.

ILLINOIS (IL)

Information
Supplied By: Gonzalo Ayoroa, Supervisor
Licensing and Foster Care Policy
Department of Children & Family Services
Office of Child and Family Policy
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Springfield, IL 62701-1498
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Number of Regulated Homes

-10,609 family child care homes.
-291 group family child care homes.
-No information available about licensor-provider ratio.

Definitions and Regulatory Requirements

-Family Child Care Homes

-License required if caring for more than 3 children under age 12; no licensing fee; licenses renewed every 3 years.
-Exemption: license not required for up to 3 non-related children or for a provider caring for children from a single household.
-Provisional licenses are not issued; however, permits may be issued for 2 months prior to the meeting of all requirements and conditional licenses may be issued for 6 months prior to revocation of licenses in order to provide an opportunity to achieve full compliance.
-Providers caring for 1-3 children are exempt from regulation.
-Social security number of provider is required.
-The term "regular" is not defined; however, the Illinois Child Care Act defines who is subject to licensure: "...persons who arrange for care and placement" or "...receive for care more than 3 persons unrelated to the operator..." The Act does not refer to when or how often care is provided except in very limited terms, where exemptions from licensure may be applicable.
-"Relative Care" is not defined; The Illinois Child Care Act defines "related." The Statute actually governs the operations of facilities subject to licensure (those facilities which arrange for and/or care for "children unrelated to the operator"). However, if a complaint should occur regarding persons caring for children without a license, the caregiver would have the burden to prove that a relationship, as defined in the Act, existed between them and the child(ren) in order to remain exempt from licensure.
-For FCCH, maximum provider/child ratio is 1:8; 2:12; includes providers own natural,foster, adopted or unrelated children under age 12, and with no more than 5 under age 5 and no more than 3 under age 2; OR with 6 children under age 5 of which 2 children may be under age 30 months; OR a school age group consisting of 8 school age children. (Maximum capacity can be 12; however, the

provider may only have 8 if alone and requires an assistant to take 4 additional school age children to reach the maximum capacity.)
-Provider with an assistant may care for a total of 8 children under 5 years of age of which 5 children may be under 2 years; 4 additional children who attend school full time may be accepted for care only if the assistant is 18 years of age or older.
-Licensed providers are required to reside in the home in which care is provided.
-Liability insurance not required; vehicle insurance if transporting children..
-Requires applicant(s) for any child care facility license to certify they are current in payment with any court order to pay child support. The Department cannot act upon the application without certification.
-Substitute caregiver required before license granted; substitutes do not have to be licensed, but must meet all health and background check requirements. Parents must be notified of any regular use of substitutes.
-Space requirements: a minimum of 35 sq. ft. of floor space for each child in care and an additional 20 sq. ft. of floor space for each child under 30 months applies when capacity exceeds 8.
-State provides information on Consumer Product Safety Commission data on banned children's products at the Department of Public Health's website: www.idph.state.il.us/childsafety/childsafetyhome.htm. They recommend providers use website to keep up with current recalls. All home providers must self certify their equipment meets CPSC guidelines.
-State requires family child care providers to report to licensing the death of a child, a missing child, or a child's injury that requires medical care. Where applicable, information is used to confirm if abuse or neglect report was made and to determine if a complaint investigation is needed.
-Informal Care/Kith and Kin: No specific guidelines.
-**Group Family Child Care Homes**
-License valid for 3 years.
-May care for more than 3 up to 16 children including family's natural, foster or adopted children and all other persons under the age of 12, according to the following:
a) A caregiver with an assistant, may care for no more than 4 children under 15 months of age; b) no more than 6 children under 30 months of age with no more than 4 children under 15 months of age; c) no more than 12 children under age 6 years of which no more than 6 may be under 30 months and 4 under 15 months of age.
-May accept 4 additional children who are attending school full time if a part time before and/or after school assistant is employed and a fire clearance is obtained. All other age configurations require assistants.
-Space requirements: A minimum of 35 sq. ft. of floor space for each child and an additional 20 sq. ft. of floor space for each child under 30 months of age.

Unannounced Inspection Procedure
-Inspections of home prior to licensing and renewal of license, generally by appointment; monitoring visits must occur at least annually; visits are unannounced.

Tracking of License Denials and Revocations
-Both denials and revocations are tracked; once data has been entered, no closure on the length of time information is retained in the database. If a

licensee has had their current license revoked or the Department has refused to renew their license, they may not reapply for license to operate for 12 mos.

Complaint Procedure

-Child abuse or neglect reports may result in barring or removing the person from the facility or assuring that another adult is always present when the subject of the investigation is in contact with the child(ren).
-Responses made to complaints within 2 working days.
-Public may receive requested information on any substantiated complaint. They may also receive information which were documented during monitoring visits. A state-wide toll-free number to provide parents with licensing history and record of violations and corrections for licensed day care homes, group day care homes, day care agencies, and day care centers. The number is: 1-877-746-0829.

Provider Qualifications

-FCCH provider must be 18 years old; GCCH provider must be at least 21 years old.
-Initial and biennial physical exams, including a TB test administered by the Mantoux method, required of provider, provider's family and employed assistants.
-No other adult immunizations required.
-Three written references required. (If oral, worker must document response to question, sign and date time of conversation with named reference.)
-A person who seeks initial license/employment in family child care including members of the household, must authorize a background check if 18 years of age or older via fingerprinting, and a check of the Child Abuse/Neglect System for all persons 13 years of age or older and a check of the Illinois Sex Offender Registry on persons 18 years of age or older.

Provider Training and Orientation

-Both FCCH and GCCH must be trained and certified in First Aid, Heimlich maneuver, and Infant/Child CPR and training on child with disabilities.
-Both FCCH and GCCH must complete 15 hours of in-service training annually.
-GCCH provider must have (1) one year (1560 clock hours) of child development experience in a licensed day care home, nursery school, kindergarten, or licensed day care center plus 6 semester or equivalent quarter hours in courses related directly to child care and/or child development from an accredited college or university; (2) One year (30 semester hours or 45 quarter hours) of credit from an accredited college or university with 6 semester or equivalent quarter hours related directly to child care and/or child development; (3) Completion of a credentialing program approved in accordance with Appendix F.
-On-line training is <u>not</u> accepted for in-service or CPR training.

Discipline Policy

-Corporal punishment prohibited.

Emergency Medical Consent Policy

-Signed consent forms are required for emergency medical care and treatment.

Environmental Policy

-Facility must be clean, well-ventilated, free of observable hazards; working smoke detectors on every level; facility must be free of chipped or peeling paint and maintained free of lead paint; no portable space heaters used; written

plan for immediate evacuation required; fire and tornado drills required monthly with documentation of time and date; hand guns prohibited on premises except for persons requiring hand guns for employment purposes (police officers); any other fire arm must be disassembled and locked in storage with ammunition located in storage in an area other than where the fire arm is stored.
-Testing for the presence of asbestos and/or radon is not a requirement for licensure; no information is available about financial assistance to providers for the inspection for or remediation of the presence of lead, asbestos or radon. (remediation programs are coordinated through the Illinois Dept. of Public Health for lead or asbestos removal)
-State regulations do not address the issue of pesticide use near family child care homes located in rural areas; however, the Department does require well-water testing in areas without a municipal water supply. The IL Dept. of Public Health must certify the safety of water for consumption or applicant/licensee must use bottled water or transport from a safe supply.
-No unsafe children's products are to be used as described in Children's Product Safety Act.

Immunization Policy for Children
-Children must be immunized; providers responsible to maintain current records.
-Parents may request a religious or clinical grounds exemption.

National Life Safety Fire Code Policy
-Department rule establishes requirements if basements are used for child care of if children under 30 months are cared for above the second floor or in apartment buildings; fire clearance required only when question of compliance with the rule. In GCCH a fire clearance is required when the facility expands its capacity to more than 12 children.

Nutrition Policy
-Meals and snacks shall be provided by the facility in a quantity and of such quality as to meet the daily nutritional needs of the child.
-All meals should be suitable for children and prepared by methods designed to conserve nutritive value, flavor, and appearance.
-New rules allow children, with written agreement between caregiver and parent, to bring lunch from home to the facility; however, provider remains responsible for meeting nutritional needs of the children.

Smoking Policy
-Smoking prohibited in any area of facility in which day care services are being provided while children are present; no smoking while transporting children.

Before and After School Programs
-FCCH and GCCH may increase their capacity from 8 to 12 or from 12 to 16 children respectively to accommodate caring for school age children with certain other restrictions.
-No policy regarding overlap time; child/staff ratio must be maintained.
-When acceptance of siblings of children who are already in care will place the licensee out of compliance with the established age groupings, licensee may develop a transition plan which will be submitted to the licensing representative for review and approval.

Infant Care Programs
-FCCH: Infant is defined as a child age birth to 15 months; toddler is 15 months to 2 years of age.
-GCCH: Infant is defined as a child age 6 weeks to 15 months; toddler is 15 months to 2 years of age.
-Children under 30 months of age shall not be permitted in bathrooms, kitchens, or hazardous areas without the caregiver or assistant present.
-Infants shall be provided a daily program designed to meet their needs.
-Feeding schedules and procedures shall meet the developmental needs of the child(ren).
-Equipment and material must be appropriate to developmental needs of the child(ren) in care.

Programs for Children with Disabilities
-Department has made every effort to provide language changes which are inclusive and to remove all language which may have led to exclusionary actions on the part of providers.
-Children with disabilities shall have activities relating to them that are planned with parents and physicians.
-Parents shall be fully informed and in agreement with all procedures undertaken in relation to the child's needs.
-Child care ratio to be evaluated with licensing staff when caring for children with special needs.
-Effective 1/01/02, the primary caregiver shall successfully complete a basic training course in providing care to children with disabilities. Licensed caregivers shall complete training as condition of renewal.

Sick Child Care Programs
-Group care prohibited by public health regulations when communicable diseases are present, otherwise at discretion of caregiver.

Tiered Reimbursement for Subsidized Children
-There is no Tiered Reimbursement program in place at this time.

Zoning Regulations
-FCCH and GCCH must comply with local ordinances.

Available Resources
-Strong child care resource and referral network; 16 services in the state.
-Illinois Department of Human Services; Office of Children's Services, Linda Saterfield (217) 785-2559.
-Illinois Network of Child Care Resource and Referral Services (309) 829-5327.

Local Contact
-Regional Offices of the Illinois Department of Children and Family Services.

Pending/New Legislation
-New: 1) No DCH provider shall be licensed to provide care for more than 18 hrs within a 24 hour period. 2) The maximum number of children receiving night care shall be 8; 3) Night care: unrelated children over 4 yrs may not share bedroom overnight with children of opposite sex.

INDIANA (IN)

Information
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Child Care Licensing Section
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Division of Family and Children
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Indianapolis, IN 46204
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Number of Regulated Homes

-3,653 large family child care homes.
-Licensor to provider ratio: average of 1:275.

Definitions and Regulatory Requirements

License required for large family day care homes in which 6 or more unrelated children are in care; no fee for licensing.
-Providers caring for 1-5 unrelated children are legally exempt from licensing; also, if home cares for children less than 4 hours a day, it is not required to be licensed.
-Provisional licenses can be granted due to non-compliance with a rule and because home is not in full operation; provisional licenses have a maximum duration of one year and are subject to review every 3 months during that year.
-Licenses renewed every two years with annual inspections.
-Providers re-submit application, national criminal history check, TB test, water quality test if applicable, and an updated home study when inspections are done.
-Provider social security number not required by state law.
-The terms "regular" or "regularly" mean for more than 4 hours but less than 24 hours in each of 10 consecutive days per year, excluding intervening Saturdays, Sundays and holidays.
-"Relative Care" is defined as the relationship to an individual who is less than 18 years of age by marriage, blood or adoption: including parents, grandparents, brothers, sisters, step-parents, step-grandparents, step-sisters, step-brothers, uncles, aunts and first cousins and foster children.
-Class I Home: maximum capacity of 12 children, plus 3 additional permitted, year round, ages grade one or above only IF provider meets certain requirements.
-Staff-child ratios: 1:10, 2:11 or 12; 1:4 when children are under age 16 months; and 1:12 if all children are 3 years of age and older.
-Class II Home: maximum of 16 full-time and part-time children.
-Staff-child ratios: determined by the ages and numbers of children under 16 months and over 16 months; ratio is 2:16 if all children are 3 years of age and over.
-Some space requirements in Class I home; 35 sq. ft. per child in a Class II home.

-Providers are not required to reside in the Class I home, or a Class II home; the building must be considered Residential Structure.
-Liability insurance not required.
-State disseminates information on Consumer Product Safety Commission data on banned children's equipment by providing each licensing consultant the information to check for products and share with provider.
-State requires providers to report to licensing the death of a child, a missing child or a child's injury that requires medical care.
-Informal Care/Kith and Kin: (not licensed) New legislation adds minimum safety standards for providers receiving CCDF vouchers: be at least 18 years of age, never been convicted of a felony, misdemeanor related to the health & safety of a child or operating a center or home without a license; drug testing for all household members 18 and older; have annual TB test. Home shall have: hot and cold running water; working smoke dectors and/or fire alarm system, 2 exits on different sides of the building and 1 telephone, firearms and poisons inaccessible to children, one provider present with annual infant and child CPR, all providers have current First Aid certification; each provider, employee household member, volunteer must provide evidence that they can not been named in the State Central Registry. Each child in care must have appropriate immunizations, each program shall have a policy prohibiting smoking, alcohol or drug use, all children will be continually supervised by a caregiver.

Unannounced Inspection Procedure
-GCCH must be inspected prior to licensing; subsequent visits annually and can be unannounced.

Tracking of License Denials or Revocations
-Both denials and revocations are tracked for 3 years.

Complaint Procedure
-To file a complaint, contact the licensing staff or child protection units of local county DFC Offices of Family and Children.
-When a complaint is filed, state follows regular child welfare complaint procedures.
-Consequences vary from revocation of license to prosecution, depending on severity of the violation.

Provider Qualifications
-Must be at least 18 years old and hold a high school diploma or GED and agree to complete a child development associate (CDA) program within three years.
-Providers and other adult members in the house must have initial physical exam (with annual TB test).
-Provider, employees, and all other adult members 18 years old or older in the house are required to submit a national criminal history check.
-Sex offender registry and child abuse registry clearance.

Provider Training and Orientation
-Orientation training is required in order to receive application for license.
-CPR/First Aid and Universal Precautions are the only on-going training required.

-On-line training accepted through state colleges on-line learning for CDA see Available Resources; No on-line CPR training.

Discipline Policy
-Corporal punishment is permitted, however, parents must sign a discipline policy for each child.

Emergency Medical Consent Policy
-Form is required to be signed by a parent or legal guardian.

Environmental Policy
-Testing for the presence of lead, asbestos, and/or radon is not required for licensure; some financial assistance is available for the inspection for or remediation of the presence of lead. No assistance for asbestos or radon.
-State regulations do not address the issue of pesticide use near family child care homes located in rural areas.
-5 Star Program: 5 stars are awarded based on voluntary compliance with environmental threats (asbestos, lead, radon, mercury, pesticides, polychlorinated biphenyls, mold, tobacco smoke, plus other hazardous substances), Healthy & Safety (building safety, fire and emergency planning, chemical safety plus bloodborne pathogens training), Environmental Stewardship Opportunities (recycling, energy efficiency plus education and outreach to families.

Immunization Policy for Children
-Children must be immunized including Pneumococcal Conjugate, Varicella or demonstrate immunity to Chicken Pox; providers must maintain current records.
-TB skin test no longer required.
-Parents may request in writing an exemption based on religious beliefs.
-Blood lead level screening is not required for entrance into a licensed family child care home.

National Life Safety Fire Code Policy
-Not adopted.

Nutrition Policy
-IN Department of Education is state sponsor for USDA CACFP.

Smoking Policy
-Smoking not allowed in the child care facility.

Before and After School Programs
-No separate regulations.

Infant Care Programs
-Special regulations in addition to basic regulations.

Programs for Children with Disabilities
-No separate special regulations.
-Providers must comply with guidelines of the ADA.

Sick Child Care Programs
-If a child becomes ill during the day, parents are notified and the child shall be monitored and isolated from others until parents arrive to remove him/her.

Tiered Reimbursement for Subsidized Children
-New Tiered Reimbursement program that offers an additional 5% reimbursement for exempt providers meeting 8 minimum standards, additional 5% reimbursement for exempt Registered Ministries that meet the voluntary certification program requirements; additional 10% reimbursement for achieving national accreditation.

Zoning Regulations
-Homes are exempt from local ordinances which would prohibit their operation solely because they are a business or impose restrictions greater than those imposed by state licensing only if provider resides in the home where licensed care is provided.

Available Resources
-Indiana Association for Child Care Resource and Referral: provides information through statewide network.
-www.ChildCareFinder.in.gov provides licensing data on licensed homes and centers in addition to resources for parents and the community.
-Online Learning for CDA: www.childcarelearning.in.gov.
-Bureau of Child Development website: www.in.gov/fssa/children/bed/.

Local Contact
-The local office of the Division of Family & Children in the county in which the child care home is in houses official child care home records.
-The local Child Care Resource & Referral Agency provides the required training in order to get licensed.

Pending/New Legislation
-New Legislation takes effect on July 1, 2003 and is reflected below and in the above listed categories. Additionally, the new legislation governing licensed homes and centers includes:
  -A site on the World Wide Web that provides parents and general public with information about licensed providers. At a minimum this site will include: identity of provider; date of any violations; action taken by division; current status of child care license; parent notification when a license is in probationary status, revoked or suspended (notification includes a letter mailed to the parent, official notice in the newspaper and a handout for parents from the provider); emergency closure of a licensed facility and parent notification of such; requirement for providers to have a policy prohibiting the use of tobacco, alcohol and illegal substance; all children will be continually supervised by a caregiver; administrative rules or policies must specifically identify the type of provider it applies to and be made available to the public upon request.

IOWA (IA)

Information
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Number of Regulated Homes

-5,845 registered child development homes;(3,783 registered to care for up to 6 children full-time; 2,062 are registered to care for maximums ranging from 10 to 12 children full-time. [This year, Iowa's child care home registration system underwent major changes. They are in the process of transition to 3 categories of Child Development Homes (A, B, & C). Providers qualify for registration at a specific category based on their education and experience in child care, allowing those providers with more education and experience to care for more children. Providers remain in their current registration system until their current registration expires.]
-Licensor-provider ratio: no information available.

Definitions and Regulatory Requirements

-Voluntary Registration: no fee.
-FCCH caring for 5 or fewer children are legally exempt from regulation; provider's child is included if he/she does not go to school.
-Registration certificates renewed every 24 months through local DHS office.
-The terms "regular" or "regularly" are not defined.
-"Relative Care" no information available.
-Social security number of provider is required.
-Staff ratio is 1:6 including provider's preschool children with no more than 4 children under 2 years of age at any time.
-Provider is not required to reside in the home used for care, but is responsible for all safety requirements.
-Liability insurance is not required.
-Informal Care/Kith and Kin: No specific guidelines.
-State does not send Consumer Product Safety Commission data on children's banned equipment to family child care providers, however, the CCR&R's must include CPSC information in their newsletters.
-State does not require providers to report to licensing the death of a child, a missing child or a child's injury that requires medical care.
-Must have second staff person if 8 or more children are present for 2 or more hours at a time.
-Must meet certain safety requirements and have quiet area for sick child.

-Provisional certificates are not issued under any circumstances.

Unannounced Inspection Procedure
-No home inspection required before registration; 20% of all registered homes are spot checked each year.
-State relies on parents, Child Care Resource & Referral and CACFP staff for notification of deficiencies. Parents are given letter initially explaining their responsibility.
-Complaints are investigated by an unannounced or announced visit, in which the investigator explains care requirements to provider and explores ways to fulfill the requirements.

Tracking of Registration Denials and Revocations
-No tracking is done.

Complaint Procedures
-To file complaint, contact local Office of Department of Human Services.
-Consequences for violation depend upon type and severity; if children are in immediate danger, may seek an injunction through County Attorney.

Provider Qualifications
-Provider must be at least 18 years old.
-Must have physician's signed statement, obtained at first registration and at least every 2 years thereafter, on all members of provider's household, stating that all members of household are free from disease or disabilities that would prevent good child care.
-No requirement for providers to be immunized, up to provider's personal doctor.
-Criminal record check done on provider, assistant(s), substitutes and family members.
-Child abuse registry check done on provider, assistant(s), substitutes and family members.

Provider Training and Orientation
-No preservice training requirement.
-No orientation required.
-Providers are required to complete 12 hours of training every year. During the first year of registration, 2 hours of this training must be in the area of health and safety.
-On-going certification in mandatory reporting of child abuse.
-Must also get and maintain certification in first aid that includes rescue breathing.
-On-line training is accepted for pre-service training which must include testing component to verify that provider completed and comprehended the training. No on-line CPR training accepted.

Discipline Policy
-Discipline shall conform to the following standards:
(a) corporal punishment including spanking, shaking and slapping shall not be used;
(b) punishment which is humiliating or frightening or which causes pain or discomfort to the child shall not be used;

(c) punishment shall not be administered because of a child's illness, or progress or lack of progress in toilet training, nor shall punishment or threat of punishment be associated with food or rest;
(d) no child shall be subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family;
(e) discipline shall be designed to help the child develop self-control, self-esteem, and respect for the rights of others.

Emergency Medical Consent Policy
-Emergency medical forms are required, but they do not have to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos and/or radon is not a requirement of registration; no financial assistance is available for the inspection for or remediation of the presence of lead, asbestos or radon.
-State regulations do not address the issue of pesticide use near family child care homes in rural areas.

Immunization Policy for Children
-Children must be immunized and current records must be in the family's file with the provider.
-Blood lead level screening is not required for entrance into regulated homes.

National Life Safety Fire Code Policy
-Not adopted.

Nutrition Policy
-IA Department of Education is state sponsor for USDA CACFP.
-Meals must be well-balanced, nourishing and in appropriate amounts as defined by USDA CACFP.

Smoking Policy
-Smoking and the use of tobacco products is prohibited in areas that may be used by children receiving care in the home, in the outdoor play area, and in any vehicle in which children receiving care in the home are transported during the homes hours of operation.

Before and After School Programs
-Child Development Home A providers may care for up to 2 school age children for less than 2 hours in addition to the other children in care.
-Child Development Home B providers may care for 4 school age children on a full time basis, these children are included in their maximum number.
-Child Development Home C providers may care for 2 school age children for less than 2 hours in addition to the other children in care.

Infant Care Programs
-No separate special regulations.

Programs for Children with Disabilities
-No separate special regulations.
-Providers must comply with guidelines of the ADA.

Sick Child Care Programs
-Regulations do not prohibit care of mildly ill children.
-Child Development Homes B & C shall provide a separate quiet area for sick children.
-The provider must have written policies for the care of mildly ill children and exclusion of children due to illness.

Tiered Reimbursement for Subsidized Children
-There is a Tiered Reimbursement program in place. Registered homes receive a higher rate of reimbursement than non registered homes caring for either full day or half day children.
-Gold Seal providers receive a $250 bonus if accredited by National Association for Family Child Care and in good standing with DHS.

Zoning Regulations
-Zoning requirements not part of registration requirements but are enforced separately by each city or county.

Available Resources
-Child care resource and referral organizations, CACFP, child care home consultant, child care health consultant and other resources depending on local resources.

Local Contact
-Local offices of the Iowa Department of Human Services.

Pending/New Legislation
-New legislation places prohibitions on individuals who will be allowed to register as a child development home provider, work in a child development home, or live in the home. Individuals with specific convictions and/or founded child abuse reports will be either prohibited from involvement with child care, or will be prohibited for a period of five years, depending on the severity of the conviction/founded abuse report.

KANSAS (KS)

Information
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Number of Regulated Homes
-2,769 registered family child care homes.
-3,786 licensed large family child care homes.
-752 group child care homes.
-Licensor-provider ratio: varies from county to county: State Average 1:164

Definitions and Regulatory Requirements
-**Family Child Care Homes:**
-Registration: providers caring for 6 or fewer children are required to be registered with the option to license; annual fee is $5.
-The terms "regular" or "regularly" are defined as follows: when child care is provided for not more than 2 children unrelated to the provider for 20 hours a week; time determined by adding the hours each child is cared for weekly.
-"Relative Care" is defined as related by blood or marriage to the 4th degree.
-Social security number of provider is not required.
-Provider/child ratio: 1:6, with not more than 3 under 18 months; 1:3 if all children are under 18 months.
-Parents must be allowed total access to their children in FCCH.
-FCCH must notify parents of the requirements for registration and parents must sign that they have received this information.
-FCCH must reside in the home used to provide care.
-Liability insurance not required but must have transportation insurance if they transport the children.
-Informal Care/Kith and Kin: No specific guidelines.
-**Large Family Child Care Homes:**
-Licensing: 7-10 children must be licensed; annual fee is $15.
-Licenses are reviewed annually.
-Table I - License Capacity:

Maximum Number of Children Under 18 Months	Maximum Number of Children 18 Months to Kindergarten Age	Kindergarten Age to Age 11*	License Capacity
0	7	3	10
1	5	4	10
2	4	3	9
3	3	2	8

*Children kindergarten age and over may be substituted for younger children in the license capacity.

-No provisional licenses issued; a 90 day temporary permit maybe provided for initial applicants of licensed day care homes after background check clears.
-Space requirements: for licensed homes - 25 sq.ft. of available indoor play space per child for day care homes; outdoor space requirements not specified.
-If second floors or basements are used in licensed child care homes, they must have fire safety approval.
-Providers are not required to reside in the facility.
-Liability insurance not required but must have transportation insurance if they transport the children.

-Group Child Care Homes:

-Licensed required; annual fee is $15 and license is reviewed annually.
-GCCH provider may care for 9-12 children; 2 adults may be required.
-Table II - License Capacity, One Adult:

Age of Children Enrolled	License Capacity
2 1/2 years to 11 years of age	9
3 years to 11 years of age	10
Kindergarten Age to 11 years of age	12

-Table III - License Capacity, Two Adults:

Maximum Number of Children Under 18 Months	Maximum Number of Children 18 Months to 2 1/2 Years	Maximum Number of Children 19 Months to Kindergarten Age		Kindergarten Age to Age 11**	License Capacity*
0	5	7	OR	7	12
1	0	8		3	12
2	0	7		3	12
3	0	6		3	12
4	0	4		2	10

* A second person 16 years of age or older shall be present when the number of children exceeds the maximum number allowed by one adult.
**Children kindergarten age and over may be substituted for younger children in the license capacity.

-Must have fire safety approval.
-Providers are not required to reside in the facility.
-Liability insurance not required but must have transportation insurance if they transport the children.
-State provides Consumer Product Safety Commission data on banned children's equipment via website at: www.kdhe.state.ks.us/kidsnet.
-State requires providers to report the death of a child (also communicable disease) to a local surveyor or KDHE. Local surveyors work in conjunction with other agencies to investigate and provide education and referral as needed. Illness or injury requiring medical care must be reported to the parent or guardian immediately. Most providers report missing children to the agency. Local surveyor conducts an investigation with any other agency involved.

Unannounced Inspection Procedure
-LCCH and GCCH are inspected before licensing; those providers that are only registering do not have to be inspected.
-Following licensure, subsequent annual visits are made to homes for inspection.
-When a complaint has been filed, an unannounced visit is made to the child care home and complete investigation follows, which may include calling other parents.

Tracking of Registration/License Denials or Revocations
-Civil Fines, denials, and revocations are tracked; has been yearly since 1991; in 2002, 246 child care homes were fined, denied, or revoked.

Complaint Procedure
-To file a complaint, call or write the local licensing office; anonymous is accepted.
-Consequences are: formal correction order, civil fine up to $500 per violation, suspension, or revocation of license; if revoked there is a one year moratorium before the individual can re-apply.

Provider Qualifications
-Provider must be at least 18 years old.
-The provider and anyone 16 years of age or older that lives, works, or volunteers in the day care home is required to have health assessment and record of a negative TB test or X-ray testing is also required if there has been exposure.
-HIB recommended, but not required. No other adult immunizations required.
-References not required.
-Criminal record check (no fingerprinting) and Child Abuse Registry check done on provider and provider's family members, volunteers, and employees 10 years of age and older. No fee for the check.

Provider Training and Orientation
-Orientation not required but recommended and is offered by all local surveyors and include overview of licensing process and forms, what to expect in a survey visit, overview of regulations and available resources.
-FCCH and LCCH: training is required. All homes are required to have first aid training.
-LCCH: additional training is required as follows: providers must submit documentation within 60 days that one of the following requirements has been met: (1) five sessions of observations, not less than 2 1/2 hours per observation, (2) a child development associate credential (CDA), (3) 15 hours of directed readings, videotapes, etc. or (4) employment for not less than three months in a LCCH, GCCH, or child care center which had been in operation for three or more years.
-GCCH: Within 60 days following the initial application for license or employment, one of the following must be met: (1) six months of supervised employment in licensed facilities with children the same age as enrolled in GCCH, (2) 10 hours directed reading and 5 sessions of observations, not less than 2 1/2 hours per observation, (3) CDA, (4) minimum three semester hours of academic credit or equivalent training in child development, early childhood education, and curriculum resources, and supervised observation in

high school or college or three months experience with children of the same age as enrolled in GCCH, or (5) requirements for program director of child care center as regulated by rules and regulations.
-Prior to relicensure, provider in LCCH or GCCH shall provide documentation of (1) 5 clock hours of in-service training, (2) 5 hours of directed reading, or (3) current accreditation by National Association for Family Child Care (NAFCC).
-On-line training is accepted from an accredited institute of higher learning for in-service training. CPR training not required, First Aid training required and could be obtain on-line.

Discipline Policy
-Corporal punishment prohibited.
-Providers must have a written discipline policy indicating methods of guidance appropriate to the age of the children enrolled. Parents shall be informed of the policy.

Emergency Medical Consent Policy
-Forms required; only notarized in accordance with the requirements of the medical facility.

Environmental Policy
-Testing for the presence of lead, asbestos and/or radon is not a requirement for licensing; no financial assistance is available for the inspection for or remediation of the presence of lead, asbestos, or radon. KDHE District Consultants are trained lead assessors and provide expertise to providers. Environmental conditions that are hazards to children must be removed.
-State regulations do not address the issue of pesticide use near family child care homes located in rural areas.
-Homes must be constructed, arranged, and maintained as to provide adequately for the health and safety of children in care.

Immunization Policy for Children
-Children in any category of child care must be immunized, as of 1992.

National Life Safety Fire Code Policy
-Has been adopted.

Nutrition Policy
-KS Department of Education sponsors USDA CACFP; (913) 296-2276.
-Nutrition requirements in the regulations.

Smoking Policy
-Smoking is prohibited indoors in registered or licensed homes while children are present.

Before and After School Programs
-No separate special regulations.
-In licensed homes, an overlap time of one hour for 2 children may be requested.

Infant Care Programs
-No separate special regulations.

Programs for Children with Disabilities
-No separate special regulations.
-Providers must comply with the guidelines of the ADA.

Sick Child Care Programs
-Regulated by quarantine requirements of the Department.
-Regulations do not prohibit care of mildly ill children.

Tiered Reimbursement for Subsidized Children
-No program in place at this time. The Department has a program under study.

Zoning Regulations
-Must comply with local ordinances; not enforced by state regulation.

Available Resources
-Information about CACFP, local and state family child care associations, Kansas Association for Child Care Resource and Referral Services (1-877-678-2548), educational services.
-Office of Child Support Enforcement, DSRS, (913) 296-3237.
-State Home Page: http://www.kdhe.state.ks.us/kidsnet/

Local Contact
-County Health Departments and private contractors.
-For local child care surveyor contact call (785) 296-1270.
-Call (800) 922-5330 to report suspected child abuse.

Pending/New Legislation
-Training for providers on the Administration of Medications to children in care is provided through the Healthy Child Kansas Curriculum.
-New Computerization re-design to allow child care facility surveyors to report child care facility survey information using a laptop computer on-site is under development. Significant child care information will be accessible to the public and various other state and local agencies. Child care information expected to be accessible includes the compliance history of registered and licensed child care facilities including substantiated complaint findings.
-Protection of child care providers names from being released publicly from Department records has been implemented.

KENTUCKY (KY)

**Kentucky has two regulatory agencies for family child care: The Cabinet for Families and Children, Department of Community Based Services, Division of Child Care certifies family child care providers caring for 4-6 children. The Cabinet for Health Services, Office of the Inspector General, Division of Licensed Child Care, licenses providers caring for 7 or more children.
Each agency is listed separately.

** DCBS, Division of Child Care

Information
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CFC, DCBS, Division of Child Care
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Number of Regulated Homes
-1,078 certified family child care homes;
-7,981 "Registered" Providers (Related and Unrelated).
-Ratio of licensing staff to homes is 1:87.

Definitions and Regulatory Requirements
-Certification required for family child care home providers caring for 4-6 unrelated children; fee of $10 is required upon initial application.
-Voluntary certification for a provider if caring for 3 or fewer children; otherwise providers caring for 3 or fewer children are legally exempt from regulation, unless caring for Child Care Assistance children.
-The certification process shall be renewed every 2 years.
-The term "regular" means the provision of child care services in the caregiver's home on more than 1 day in 1 week or more than 10 hours per week.
-"Relative Care" is defined to mean a certified provider's own child, grandchild, niece or nephew, child in legal custody, stepchild or sibling living in another residence.
-Social security number is required.
-Provisional certificates are not issued under any circumstances.
-If more than 4 infants are in care, provider shall employ an assistant who must be 16 years of age or older.
-There shall never be more than 6 children under the age of 6 years old including the provider's own or related children; maximum number of children in care shall never exceed 10.

-Space requirement: Indoor areas, including furnishings, used for child care shall contain a minimum of 35 sq. ft. per child.
-A substitute provider is required in the absence of the provider; substitute must be at least 18 years old, have a negative TB skin test, a criminal records check and a systems check for substantiated abuse/neglect.
-Providers must reside in the home in which care is provided.
-Liability insurance is required for the provider, coverage of $100,000 per incident.
-Informal Care/Kith and Kin: The "Registered Provider Program" allows for caring for up to 3 unrelated children as well as enrollment of relative children. Provider must complete application process; pass Child Abuse and Neglect and Criminal Records Clearances and obtain 3 hours of orientation training.
-State shares Consumer Product Safety Commission data on banned children's equipment with appropriate staff to disseminate to providers as needed.
-State does not require a provider to report to licensing a death of a child, a missing child or a child's injury that requires medical care. Provider shall give immediate notification of a medical emergency to the parent.

Unannounced Inspection Procedure
-FCCH is inspected before certification is approved and upon renewal; unannounced inspections upon receipt of complaint; annual spot check conducted on certified homes.

Tracking of Certificate Denials or Revocations
-Both are tracked indefinitely.

Complaint Procedure
-Complaints may be filed verbally or in writing to the CBS.
-CBS is mandated to respond to all complaints.
-Denials, suspensions, revocations or refusals to renew will be made in writing to the provider, stating the reasons for the adverse action and the provider's right of appeal.
-Appeals may be made by the provider within 30 days after receipt of the notice of the intended action.
-Provider will be notified of hearing time and location within 20 days of receipt of the request for hearing. All decisions of the hearing officer are final and provider is notified in writing.
-Providers who continue to care for 4-6 unrelated children after the closing date established by CBS will be subject to legal action under law.

Provider Qualifications
-Providers must be at least 18 years old.
-Two character references are required for the provider.
-A criminal records check, including sexual offenses, is required for the provider, assistant, substitute provider and all adults living in the FCCH.
-A TB test is required of the provider (administered within 30 days of application), substitute and assistant provider, and other adults living in the home.
-A written physician's statement is required for the provider.
-A systems check for substantiated abuse and neglect on all adults in home.

Provider Training and Orientation
-6 hours of preservice training in basic health, safety and sanitation, recognizing and reporting child abuse and developmentally appropriate child care practices is required for the provider.
-Beginning with the second year of operation, provider must obtain at least 6 hours of training in child development.
-Additional and separate training requirement: current certification in infant and child first aid and infant and child CPR is required.
-On-line training is accepted to meet in-service requirements if training organization is within KY or accredited system nationwide. State is developing a new on-line orientation program. No CPR on-line training.

Discipline Policy
-Physical punishment and placement of a child in a locked or confined space are prohibited.
-Disciplinary methods which humiliate, shame or frighten a child are prohibited; as well as harsh or demeaning language in the presence of the children.
-Discipline shall not be delegated to another child or related to food, rest, toileting, or not sleeping during rest time.

Emergency Medical Consent Policy
-Forms are required, but they do not have to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos and/or radon is not a requirement of certification; no financial assistance is available for the inspection for or remediation of the presence of lead, asbestos or radon.
-State regulations do not address the issue of pesticide use near family child care homes located in rural areas.

Immunization Policy for Children
-Enrolled children are required to be immunized.
-Current immunization certificates must be on file for all children in care, including related children, within 30 days of child's enrollment in care.
-Blood lead level screening is not required for entrance into a certified family child care home.

National Life Safety Fire Code Policy
-Not adopted.
-Each floor level used for child care shall have at least one unblocked exit and at least one smoke detector and fire extinguisher.
-FCCH shall have at least one telephone in working order with the emergency numbers of the fire station, police, emergency medical care and poison control center posted by each telephone.

Nutrition Policy
-KY Department of Education is state sponsor for USDA CACFP.
-Children are to be served meals in an amount appropriate to the age of the child and include appropriate types of food according to the age of the child.

Guidelines are given to the provider for snacks appropriate in amount and type of foods served for the ages of children in care.

Smoking Policy
-Smoking is prohibited in the presence of children in care.

Before and After School Programs
-No separate special requirements.
-No policy concerning overlap time.

Infant Care Programs
-No separate special requirements.

Programs for Children with Disabilities
-No separate special requirements.
-Providers must comply with the guidelines of the ADA.

Sick Child Care Programs
-Regulations do not prohibit care of mildly ill children in family child care.
-A quiet, separate area, which can be easily supervised, for children too sick to remain with other children is required.

Tiered Reimbursement for Subsidized Children
-Voluntary Quality Rating System in place with incentives for achieving higher quality standards including training, staff/child ratio reductions and Environmental Rating Scale score.
-Accredited providers eligible for STAR Level 4 and receive an additional $2 per day per child in Child Care Assistance payments.

Zoning Regulations
-Not determined by the Division, but by each community.

Available Resources
-The Cabinet for Families and Children, Department of Community Based Services, offers resource and referral information, Child Care Assistance Program information and contracts with service agencies to provide subsidized child care programs for qualified applicants.

Local Contact
-There are 12 Family Child Care Certification workers, operating out of distinct Community Based Services offices.

Pending/New Legislation
-None.

**OIG, Division of Licensed Child Care

Information
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Cabinet for Health Services
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Number of Regulated Homes

-125 licensed large family child care homes.
-No information available regarding ratio of licensing staff to homes.

Definitions and Regulatory Requirements

-Licensing required for FCCH providing care for 7 or more children; initial fee is $80 for a Type I; $40 for a Type II.
-Licenses renewed annually; renewal fee is $40 for Type I & II.
-Relicensure involves submission of an application by the provider and an on-site inspection by the licensing agency and Fire Marshal.
-Kentucky divides child care facilities into two types: I and II; LCCH comes under the Type II description.
-LCCH may provide care for 7-12 children, including provider's own children.
-No provisional licenses can be issued.
-The term "regularly" means the provision of child day care services at a facility for more than 10 hours per week.
-"Relative Care" means the children, grandchildren, nieces, nephews or children in legal custody of the operator of the facility.
-Social security number is required.
-The age of the youngest child in care determines how many children may be in the home and stay within provider/child ratios: Birth-1 year, 1:5, with 1 child 2 years old or younger, no more than 6 children may be cared for; if youngest child is between 2 and 3 years old, no more than 10 children may be cared for, ages 3 and up require one staff to 12 children. The age of the youngest child in the group determines the staff child ratio.
-Providers are required to reside in the home in which care is provided.
-Liability insurance up to $100,000 per occurrence required prior to licensing.
-Minimum of 1 substitute caregiver required, or the provider may choose to close temporarily and not have a substitute.
-Space requirements: 35 sq. ft. per child inside-exclusive of kitchen, bathroom, and storage areas. If a facility does not have an outdoor play area, the indoor space to be used as a play area must be a minimum of 60 sq. ft. per child using the area at any one time separate and in addition to the 35 sq. ft. minimum as described previously. The area must include gross

motor equipment and be well ventilated and heated. The outdoor space shall be adequate for the number of children who are outdoors at the time.
-State provides Consumer Product Safety Commission data on banned children's equipment to the regional offices for dissemination to providers.
-State requires family child care providers to report to licensing the death of a child, a missing child or a child's injury that requires medical care. Investigations are conducted as needed.

Unannounced Inspection Procedure
-LCCH inspected before licensing; subsequent visits occur during annual renewal and on occasion of complaints.
-When a complaint is filed, an unannounced site visit is made. If the allegation includes abuse/neglect, a joint visit is made with the Department for Community Based Services.

Tracking of License Denials or Revocations
-Both are tracked for 5 years.

Complaint Procedure
-The Division of Licensed Child Care is mandated to respond by investigation to any referral alleging non-compliance with licensing regulations; an unannounced site visit is made.
-Consequences: Illegal operators are required to become licensed or face legal action. In licensed facilities, deficiencies are cited; due process for correction is followed; non-correction could result in negative action to pursue revocation of license.

Provider Qualifications
-Provider must be 21 years old.
-TB tests required of provider, assistants, and all adults residing in home; no other adult immunizations required.
-Criminal record checks, fingerprinting required and Child Abuse/Neglect Registry.

Provider Training and Orientation
-6 clock hours of orientation training in early childhood development to be completed within the first 3 months of employment of newly hired employees. CFC core curriculum is required for this purpose.
-Master's degree in ECE/D, no experience required; or Bachelor's degree in ECE/D, no experience required; or Master's degree or a Bachelor's degree in any field other than ECE/D, plus two years full-time paid experience in working with young children in a group; or Master's degree or Bachelor's degree in any field other than ECE/D, plus twelve hours of child development training; or Child Development Associate (CDA), plus twelve hours of child development training; or Associate of Arts degree, plus twelve hours of child development training; or Competency-based vocational training in ECE, plus twelve hours of child development training; or General Equivalency Diploma (GED) or a high school diploma, plus twelve hours of child development training, and one year of paid experience working with children in a licensed or certified program or Dept. of Education program or obtain 6 hours of training in child day care program administration.

-All training must have CHR approval.
- 12 clock hours of preservice training are required for directors.
-12 clock hours of on-going training per year are required.
-Certification in CPR and first aid is a separate training requirement.
-On-line training is accepted for in-service training. No on-line CPR training.

Discipline Policy
-Corporal punishment prohibited.
-Discipline methods must be in writing and adhere to DCC regulations.
-A positive approach to discipline must be used.

Emergency Medical Consent Policy
-Forms are required, but they do not have to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos, and/or radon is not a requirement for licensing; no financial assistance is available for the inspection for or remediation of the presence of lead, asbestos or radon.
-State regulations do not address the issue of pesticide use near family child care homes located in rural areas.

Immunization Policy for Children
-Children are required to be immunized; records must be on file within 30 days of enrollment and kept current.
-Blood lead level screening is not required for entrance into a licensed family child care home.

National Life Safety Fire Code Policy
-Federal Fire Safety Code enforced by State Fire Marshal's Office.

Nutrition Policy
-KY Department of Education is the state sponsor for USDA CACFP.
-Children are to be served meals which include a food from each of the four food groups following the guidelines of USDA.

Smoking Policy
-Smoking is allowed; however, smoking can only take place in designated areas away from the children.

Before and After School Programs
-No separate special requirement.
-No policy regarding overlap time.

Infant Care Programs
-Separate area for infants is required.
-Hygienic practices related to infant care addressed by regulations; age appropriate activities.

Programs for Children with Disabilities
-No separate special regulations.
-Providers must comply with guidelines of the ADA.

Sick Child Care Programs
-Sick child is prohibited from staying in day care while sick.

Tiered Reimbursement for Subsidized Children
-A tiered system has been developed for licensed homes for reimbursement when caring for subsidized children, under HB-706.

Zoning Regulations
-FCCH must comply with local ordinances; zoning ordinances must be met as a prerequisite to licensure.

Available Resources
-CHR, DSS offers statewide child care resource and referral network, subsidized child care programs, and Bill of Rights for Parents and Children who receive child care; also child care advisory council.

Local Contact
-Regional office of the Cabinet for Health Services, Division of Licensed Child Care for licensed homes.

Pending/New Legislation
-None.

LOUISIANA (LA)

Information
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Number of Regulated Homes

-1,894 registered family child care homes.
-Approximately 6,500 approved through Child Care & Adult Food Program.
-Licensor-provider ratio: no information available.

Definitions and Regulatory Requirements

-Registration
 -only mandatory when caring for 6 or less children and receiving state and/or federal funds.
 -providers not receiving state and/or federal funds caring for 1-6 children are exempt from regulation.
-No annual registration fees. Fee required for Fire Marshal Inspection and Criminal Background Check.
-Provisional licenses not applicable.
-Social security number must be verified.
-Provider/child ratio is 1:6.
-Requires annual approval by State Fire Marshal.
-Providers are required to reside in the home.
-Liability insurance not required.
-State provides Consumer Product Safety Commission data on banned children's equipment to providers through the Consumer Protection Section of the Attorney General's Office. Providers must agree to only use safe children's products and remove from the premises any products which are declared unsafe.
-State does not require providers to report to licensing the death of a child, a missing child, or a child's injury that requires medical care.
-Providers must report if a child is absent five or more consecutive days.
-Informal Care/Kith and Kin: Relatives are subject to the same registration requirements as non-related providers if they receive state or federal funds.
-**No Group Family Child Care Home category:**
 -Facilities caring for 7 or more children are licensed as centers.

Unannounced Inspection Procedure

-Annual inspection visits by State Fire Marshal are scheduled in advance; unannounced visits are not routinely conducted.

Tracking of Registration Denials or Revocations
-Provider denials or revocations are entered in the computer system, but not tracked for follow up. However, we flag files of providers determined to be permanently ineligible.

Complaint Procedure
-To file a complaint against a registered provider, contact the Office of Family Support local office, or Dept. of Education, CACFP Program.
-Consequences include possible loss of registration and all funding.
-Reports of abuse or neglect are to be reported to local law enforcement agency.

Provider Qualifications
-No orientation required.
-Provider must be at least 18 years old or older.
-Requires annual criminal background check.
-Verification of provider's residence is required.
-Providers are required to have all appropriate immunizations, a statement of good health signed by a physician or his/her designee.

Provider Training and Orientation
-Requires current CPR certification, 12 clock hours of training in job-related subject areas and current verification of first aid training.
-On-line training is not accepted for in-service nor CPR certification.

Discipline Policy
-Providers must comply with state child abuse and neglect laws.

Emergency Medical Consent Policy
-Not required.

Environmental Policy
-Testing for the presence of lead, asbestos or radon is not a requirement of registration; no financial assistance is available for the inspection for or remediation of the presence of lead, asbestos or radon.
-State regulations do not address the issue of pesticide use near family child care homes located in rural areas.

Immunization Policy for Children
-Mandatory Immunization is required.
-Blood lead level screening is not required for entrance into registered family child care home.

National Life Fire Safety Code Policy
-All registered providers inspected annually by State Fire Marshal.

Nutrition Policy
-Not required for registration with DSS; Alternate Approval homes must meet USDA CACFP guidelines.

Smoking Policy
-No policy regarding registered family child care homes.

Before and After School Programs
-No separate special regulations.

Infant Care Programs
-No separate special regulations.

Programs for Children with Disabilities
-No separate special regulations.
-Must comply with the guidelines of the ADA.

Sick Child Care Programs
-No separate special regulations.
-Regulations do not prohibit the care of mildly ill children in family child care homes.

Tiered Reimbursement for Subsidized Children
-No Tiered Reimbursement Program in place at this time.

Zoning Regulations
-Enforced by local authorities, if applicable.

Available Resources
-Family child care home providers must attend training sessions for day care center staff.

Local Contact
-Department of Social Services, Office of Family Support local offices.

Pending/New Legislation
-None.

MAINE (ME) *

Information
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Number of Regulated Homes

-1,834 Family Child Care Home Providers.
-Licensor-provider ratio: 1:300; optimum ratio would depend on physical inspection requirements.

Definitions and Regulatory Requirements

-"Certification" - providers caring for 3-12 children, those caring for only 1-2 children are legally exempt from regulation.
-Certificates renewed annually; $40 fee, offsets fire inspection costs.
-The 1st certificate granted to new applicants is provisional for one year.
-The term "regular" is used as part of the definition of child care. The certifying agency uses its discretion as to what "regular" means; there is no rule; only rules for "occasional" care as in ski areas, malls, etc.
-"Relative Care" is related by blood, marriage or adoption.
-Social security number of provider is required.
-Certified single provider, not including their own child(ren), may care for:
  a) 4 children under 2 1/2
  b) 8 children over 2 1/2, plus 2 school age children, or
  c) 12 all school age children, or
  d) Mixed ages--no more than 3 under age 2 1/2 with maximum of 6 plus 2 school age.
-Certified providers with one additional staff, including children of staff, may care for:
  a) 8 children under 2 1/2, or
  b) 12 children over 2 1/2, or
  c) 12 all school age children, or
  d) Mixed ages - no more than 3 under age 2 1/2 per staff with a maximum of 12.
-Certified providers with two additional staff, including children of staff, may care for 12 children, no matter the ages.
-Space requirements: 35 sq. ft. per child inside the facility, excluding kitchens, hallways, bathrooms; outside requirement - adequate for safe play.
-Providers are required to reside in the home used to provide care.
-Notices concerning deficiencies and enforcement actions must be posted for parents to read until corrections made.
-Parents, RDC's, funding sources notified of serious deficiencies; notified when they are corrected.

-State disseminates information on Consumer Project Safety Commission data on banned children's equipment during monitoring visits and provides all updates in new applicant packages.
-State does not require providers to report the death of a child, a missing child or a child's injury that requires medical care.
-Informal Care/Kith and Kin: Background check required if paid with Federal or State funds.
-No separate Group Family Child Care Home category.

Unannounced Inspection Procedure
-Homes inspected before licensing; annual unannounced inspections follow initial inspection; also inspected by the Fire Marshal to verify compliance to rules every other year.
-All complaints are screened by an Investigations Unit; unannounced visits are required.

Tracking of License/Registration Denials or Revocations
-Tracking began as of April 1998.

Complaint Procedure
-To file a complaint, write or call Licensing Unit or Child Protective Services.
-Consequences depend on the violation; can revoke license as ultimate sanction.
-Complaint history is public information.

Provider Qualifications
-Provider must be at least 18 years old.
-Providers, born after 1956, must have MMR, HIB, immunization and TB screenings; other household members are not included in this policy.
-Providers required to have 3 written references from non-relatives.
-Criminal record check, CPS check and motor vehicle record check done on all adult occupants and staff.
-Aides and assistants also must be 18 years of age in centers; 16 in certified homes; aides or assistants ages 16-18 must be under direct supervision of the provider.

Provider Training and Orientation
-Orientation required for certified home providers (6 hours) prior to initial certification.
-6 hours of training in child care, early childhood education, business of family child care, or child development every year.
-Provider must supply orientation for aides and assistants.
-Certification in first aid and CPR required.

Discipline Policy
-Corporal punishment prohibited.
-Practices detrimental to children are prohibited.
-Positive methods of child management required; clear, age appropriate expectations & limits for children in care.
-Time out used only when a child needs to regain self control.

Emergency Medical Consent Policy
-Form required for providers, but does not have to be notarized.

Environmental Policy
-Testing for the presence of lead hazards is a requirement; financial assistance is available for the inspection, but not for remediation of the presence of lead, at this time.
-State regulations indirectly address the issue of pesticide use near family child care homes located in rural areas; well water is tested in all cases, for example.

Immunization Policy for Children
-Children must be immunized in homes, including Hib.
-Providers are responsible for maintaining current records.
-Blood lead level screening not required for entrance into a family child care home.

National Life Safety Fire Code Policy
-The State Fire Marshals who do the inspections use the Code.

Nutrition Policy
-Is state sponsor for USDA CACFP.
-Requirements must comply with CACFP.

Smoking Policy
-Smoking is against state law in any child care facility while children are under care.

Before and After School Programs
-Special regulations only if FCCH services **only** school age children.
-Policy regarding overlap time requires no more than 2 children over the max for no more than 2 hours per day and it must be documented; providers must be in compliance with the child/staff ratios.

Infant Care Programs
-Special additional rules for licensed providers caring for children 6 weeks to 30 months of age.
-No child under 6 weeks of age as verified by birth certificate may be cared for in a facility.
-Extensive requirements relative to feeding, diapering, napping, bedding, developmentally appropriate activities and immunizations.

Programs for Children with Disabilities
-Providers must have experience and training documented to meet the special needs of the children.
-Parents must supply adequate information about the child's special needs.
-Providers must comply with the guidelines of the ADA.

Sick Child Care Programs
-No special regulations; providers may care mildly ill children; parents must remove obviously ill children from care.

-guidelines exist for when sick children may return to child care.

Tiered Reimbursement for Subsidized Children
-Providers who become nationally accredited by the National Association for Family Care receive increased compensation.

Zoning Regulations
-Providers must comply with local ordinances.

Available Resources
-Many included in provider packet.

Local Contact
-Department of Human Services at the state level.

Pending/New Legislation
-Regulations will be reviewed during the next year but anticipate no major changes.

* Information from 2002 Study.

MARYLAND (MD)

Information
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Child Care Administration
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Number of Homes
-**10,421** family child care homes.
-Licensor-provider ratio: 1:107; goal is to maintain a ratio of 1:100.

Definitions and Regulatory Requirements
-Registration required; no fee; renewed every 2 years.
-Provisional registrations may be issued after determining that the health and safety of children would not be endangered. Typically, provisional registrations are issued while minor renovations are made to the home to bring it into full compliance with the Life Safety Code or while awaiting the results of a criminal record check at either the state or federal level. The results of the record check at one level must be received in order to issue a provisional registration.
-Provisionals are issued for up to 120 days and may be extended, if necessary.
-Social security number of provider, adult residents of the household, and children are required.
-The terms "regular" or "regularly" is not defined as it relates to family child care; however, regulation states a family child care home is not required to be registered if the provider is a friend of each child's parent or legal guardian and the care is provided on a non-regular basis less than 20 hours a month.
-"Relative Care" is defined as a person related to a child by blood, marriage, or adoption and includes parent, grandparent, brother, sister, stepparent, stepsister, stepbrother, uncle, aunt, first or second cousins, great grandparents, great uncle, and great aunt. Care provided by a relative is not considered to be regulated child care.
-Providers may have maximum of 8 children with no more than 2 children under age 2. If a second adult is present to assist in caring for children, 4 children under age 2 may be enrolled. The Child Care Administration may limit the number of children cared for based on several factors: the number and ages of the provider's own children, available space and equipment, number of residents in the home, responsibility of the provider to care for another person, applicable fire, zoning, or other codes.
-Provider does not have to live in the house in which care will be given. The residence must meet requirements and be occupied. The persons residing in the

residence must meet the requirements for residents.
-Liability insurance is required if the provider's facility is located in an area covered by a Homeowner's or Condominium Association; if it is the provider must carry liability insurance for at least $300,000.
-Providers are required to give parents of children enrolled in their homes copies of a consumer education pamphlet on regulated child care.
-State disseminates to regulated providers Consumer Product Safety Commission data on banned children's equipment through the Child Care Administration's Quarterly Newsletter. Regulations require all cribs and playpens to be CPSC approved.
-State requires family child care providers to report to Child Care Administration a child's death, a missing child, injury that requires medical care or contagious disease. The reported incidents are tracked and correlated with the providers' compliance history to help determine if licensing sanctions are indicated.
-Informal Care/Kith and Kin: Informal care providers (which includes relative care) must self-certify their compliance with child care health and safety standards. Also, child abuse and neglect record checks are required for informal care providers and for adults who are regularly present in the homes of informal care providers.
-**No provision for Family Group Child Care Homes**. MD requires facilities caring for more than 8 children to meet child care center regulations.

Unannounced Inspection Procedure
-Inspections are required prior to registration and at the time of renewal (every 2 years). Initial registration and renewal inspections are announced. In addition, an unannounced inspection of each home is conducted during any year that the home is not inspected for initial registration or registration renewal.
-Complaint investigation inspections and compliance monitoring inspections are always unannounced.

Tracking of Registration Denials or Revocations
-Both have been tracked since 1988.

Complaint Procedure
-Complaints may be made verbally by telephone, anonymously, in person, or in writing, to the Child Care Administration.
-A complaint is a verbal or written statement of non-compliance with the regulations.
-Complaints are followed by unannounced on-site inspections.
A report of findings is submitted and a conference with supervisory staff is held to conclude the investigation and determine the further course of action, if needed. Complaints involving child abuse or neglect are immediately referred to Protective Services and police, to ensure their participation in the investigation.
-Substantiated complaints may result in the requirement for remedial training, restrictions, reduction in capacity, increased monitoring, suspension or revocation of registration, or denial of registration renewal.
-The court may impose a fine of up to $1000 on any person found to be operating in violation of the regulations.

Provider Qualifications

-Provider must be 18 years of age or older.
-The medical report forms for providers and adult residents of households call for a TB test if needed, as determined by the physician, or if required by the local Health Officer.
-No adult immunizations are required.
-Three written references required (not relatives).
-Criminal record check required for provider, paid substitutes, and household residents 18 years old or older. Record checks of abuse and neglect of adults as well as of children for provider, household residents and each individual who has responsibility for the supervision of children in care.

Provider Training and Orientation

-Completion of a two-part orientation process is mandatory for all first-time registration applicants. The first session provides information about the registration process and requirements needed for registration. The second session is devoted to a review of the regulations and compliance issues. Each session generally last 3 hours.
-Each registered provider and applicant for family day care registration must be currently certified in first aid and CPR applicable to all ages approved for care in the home. Current certification must be maintained at all times while registered to provide care.
-In addition to first aid and CPR certification, eight (8) clock hours of training are required for initial registration. Twelve (12) clock hours of continued training are required for registration renewal. All required training must have occurred within two years prior to issuance of the registration certificate.
-For both initial and renewal registration, two of the required training hours must be in child health or home safety. The remaining number of required hours must be in child development, age-appropriate activities, or topics related to the operation of the home.
-Unpaid volunteers in child care facilities, including family child care homes, must be given an orientation training in hand washing procedures, discipline policies, procedures for reporting child abuse and neglect, and guidelines for interacting with parents. Providers must keep a listing of volunteers not on the premises more than once a week with the date each volunteer received orientation and personnel records for each volunteer on the premises more than once a week with a brief statement of duties, a medical report, and the date of orientation. Criminal records checks are recommended for volunteers, and special requirements are specified for teenage volunteers fulfilling their community service requirement for high school graduation.
-On-line training is accepted if courses are offered by a college or university, whether for credit or non-credit, are accepted for all training requirements. In addition, any organization that has an agreement with a college or university to offer training is also approved. A training organization accredited through the National Home Study Council is recognized for continued training requirement only. No on-line training is accepted for CPR.

Discipline Policy

-The provider or substitute shall use procedures for disciplining a child that are appropriate to the age and maturity of the child and that do not include

the deliberate infliction in any manner of any type of physical pain or emotional harm, including physical disciplines, such as: spanking, hitting, shaking, or emotional disciplines, such as: shaming or ridiculing.

Emergency Medical Consent Policy
-Form is required, but it does not have to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos and/or radon is not a requirement for registration; limited financial assistance is available through other State and local governmental agencies for the inspection for or remediation of the presence of lead, asbestos or radon.
-Child Care Administration regulations do not address issues of pesticide use near family child care homes in rural areas.
-Providers are required to notify parents about animals in their homes before admitting their children and to notify parents if they acquire new animals. There are guidelines for where animals may be kept and their care.

Immunization Policy for Children
-Children are required to be immunized.
-Provider is responsible to see that immunizations are current.
-Each child under the age of 6 must undergo an appropriate lead screening within 30 days of admission into registered family child care homes.

National Life Safety Fire Code Policy
-The State Fire Marshal and the local fire departments have adopted the National Life Safety Fire Code for FCCH inspections.
-The Child Care Administration's regulations require that applicants must pass fire inspections prior to registration.

Nutrition Policy
-Nutritious meals and snacks must be served at regular and age-appropriate intervals; food may be supplied by parents or providers.
-CACFP has various sponsors in Maryland including: the Planning Council (Norfolk, VA - 17 programs); local Social Service Departments (4 programs); local public schools (2 programs); and the local Health Department (1 program).

Smoking Policy
-Smoking is allowed in FCCH; however, caregiver may not smoke while engaged in caregiving activities requiring direct physical contact with children, including: feeding, diapering, dressing and rocking.
-Parents must be informed, in advance of placement, if anyone in the household smokes.

Before and After School Programs
-No provision for overlap time for integration of school age children; child/staff ratios must be maintained at all times.
-For children 6 years old and older, the parents and provider must assess each child's readiness to travel unaccompanied by an adult on an individual basis and prepare written statements clearly indicating the basis of their decision. Generally, a child under 6 years old must be supervised by an adult while

walking to and from the bus stop, while waiting for the bus, or while walking to and from school. However, a child under 6 years old may be allowed to travel without adult supervision if the child is in the first or higher grade and will turn 6 by the end of the calendar year, and if the parents and provider agree in writing that the child may travel independently.

Infant Care Programs
-Regulations are contained within the chapter (Code of Maryland Regulations 07.04.01, Family Day Care).

Programs for Children with Disabilities
-Family Child care regulations have been amended to conform more closely to ADA requirements by repealing Regulation .34 ("Care for a Child with Special Needs") and deleting language elsewhere in the regulations which distinguished care for children with disabilities from care for typical children. Provisions which previously applied only to children with disabilities have been amended to reflect general applicability to all children in care.

Sick Child Care Programs
-No separate special regulations; children who are acutely ill may not be admitted or remain in care. A child may be included if there is no vomiting, fever, seizures, severe pain or diarrhea.

Tiered Reimbursement for Subsidized Children
-Effective 7-1-01 a new 4 tier reimbursement system was instituted for the subsidized Purchase of Care (POC) program. FCC providers accepting POC vouchers are eligible for progressively higher subsidy payment rates if they participate in the MD Child Care Credential Program, complete up to 24 additional clock hours of approved training annually, and meet other quality standards. To receive the highest payment rate, providers must also become professionally accredited by an approved state or national accreditation program.

Zoning Regulations
-Child care homes must comply with local ordinances. Recent legislation prohibits family child care homes from being construed as small businesses.

Available Resources
-CACFP, local Child Care Associations, Resource and Referral Network, Maryland Committee for Children, State Purchase of Care Program, and a grant program which assists providers by reimbursing up to $500 in compliance-related expenses.

Local Contact
-Regional offices of Child Care Administration are:
-1) 100 Community Place, Rm. 2500, Crownsville, MD 21032; (410) 514-7850.
-2) 2700 N. Charles St., #203, Baltimore, MD 21218; (410) 554-0457.
-3) 409 Washington Ave., Ste. LL-8, Towson, MD 21204-4907; (410) 583-6200.
-4) 807 Brightseat Rd., Landover, MD 20785; (301) 333-6940.
-5) 51 Monroe Street, Ste. 200, Rockville, MD 20850; (240) 314-1401.
-6) 3300 N. Ridge Rd., Ste. 190, Ellicott City, MD 21043; (410) 750-8770.
-7) 6 W. Washington St., Hagerstown, MD 21741; (301) 791-4585.

-8) 301 Bay St., Ste. 305, Easton, MD 21601; (410) 819-5801.
-9) 201 Baptist St., Ste. 32, Multi-Service Bldg., 2nd Fl., Salisbury, MD 21801; (410) 543-6731.
-10) 41670 Courthouse Dr., Leonardtown, MD 20650; (301) 475-3770.
-11) 413 W. Bel Air Ave., Ste. 106, Aberdeen, MD 21001; (410) 272-5358.
-12) 5303 Spectrum Drive, Ste. G, Frederick, MD 21701; (301) 696-9766.
-13) 1004 Littlestown Pike, Westminster, MD 21158; (410) 751-5438.

Pending/New Legislation

-New: Effective 7-1-01 Maryland Child Care Credential Program was put into place. The Credential Program has 4 major goals: (1) a well-qualified workforce, (2) improved status & Increased compensation for all providers, (3) recognition of for-credit and non-credit career preparation, (4) to provide a structure for professional growth through professional competencies. Credential Program has 6 levels.

MASSACHUSETTS (MA)

Information
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Number of Regulated Homes
-6,801 family child care homes.
-3,062 large family child care homes.
-Licensor-provider ratio: 1:493.

Definitions and Regulatory Requirements
-Licensure required; $100 fee for initial license, plus $100 renewal for every 3 years; independent, approved assistant, $75 fee.
-Provisional licenses are not issued under any circumstances, but a license may be issued for less than 3 years.
-The term "regular" means the FCCH operates for more than 1 day per week and more than 8 weeks in a 12 month period.
-"Relative Care" is when all children in care are related to the caregiver by blood, marriage or adoption.
-Providers may care for maximum of 6 children under the age of 7, including participating children living in the home; provider/infant ratio is 1:3. [One of the three must be 15 months of age and walking.]
-Provider social security number is requested, but optional.
-Provider is not required to reside in the home, but someone must be living in the home where the care is being provided.
-Liability insurance not required.
-Space requirements: Indoor - 150 sq. ft. for care of 1 or 2 children, 225 sq. ft. for care of 3-6 children; outdoor - 75 sq. ft. per child in care.
-State distributes Consumer Product Safety Commission data on banned children's equipment to regional licensing staff and to child care resource and referral agencies.
-State requires family child care providers to report to licensing the death of a child, a missing child or a child's injury that requires medical care. Information is primarily used to investigate circumstances of incident to determine if children are at risk. Legal action follows when necessary.
-Informal Care/Kith and Kin: When caretaking meets the definition of an informal or cooperative child care, i.e. no hired staff or compensation for care or the child receives care in his/her own home or is cared for by a relative.
-Family Child Care Plus: 1 caregiver may care for up to 8 children if 2 are school age. They may care for two additional children between the ages of 5 and 16 during summer and after school hours, without an assistant.

-**Large Family Child Care Homes.**
-Two caregivers may care for up to 10 children.

Unannounced Inspection Procedure
-Inspections prior to licensure are made to all FCC homes.
-Licensing study visits are generally announced; complaint visits and routine health and safety and monitoring visits are generally unannounced.

Tracking of License Denials or Revocations
-Both are tracked by a statewide computer network system internally at OCCS.

Complaint Procedure
-To file a complaint, orally or in writing contact the OCCS.
-When a complaint has been filed, the licensor or investigator will conduct an unannounced visit and make collateral contacts, if appropriate.
-Consequences are as follows: Cited given between 0-30 days to comply, or legal order including: Deficiency Correction Order, Emergency Suspension, a Show Cause to Revoke, fines, or sanctions.

Provider Qualifications
-FCCH - Provider must be 18 years old and have at least 1 year of experience caring for children younger than age of 7.
-Provider shall submit evidence at the time of application of: Immunity for MMR; a negative Mantoux TB test; a physical examination, including any limitations in working with young children. Must be in good physical and mental health.
-The physical must be renewed every 3 years.
-Two written references required.
-Employer references may be required if person applying for registration has been employed outside home within 5 years prior to application.
-Criminal record checks done on provider, all family members age 17 and over, persons regularly on premises, approved assistants, and household member assistants.
-In Family Child Care Plus homes: providers seeking to increase school age capacity must have two years of child care experience and additional training beyond that required for the regular Family Child Care License.
-**Large Family Child Care Homes** - Provider must have 3 years of full-time experience in child care and a five-hour training on large family child care.

Provider Training and Orientation
-New applicants: 3 hour orientation approved by the Office using the resource guide "Establishing a Successful Family Day Care Home" developed by the Office.
-CPR and First Aid is a separate preservice and on-going training requirement.
-Renewal FCCH applicants: 15 hours of training every three years is required; training must be relevant to the care of young children.
-Providers that wish to renew a FCC Plus license must have evidence of 20 hours of training during the term of the license, including 3 hours on infant/toddler and 2 hours on school age children.
-Providers that wish to renew a large family child care license must submit evidence of having completed 30 hours of training during the term of the expiring license, including at least five hours in Infant/Toddler development.
-On-line training is accepted on a case by case basis. No on-line CPR training.

Discipline Policy
-Corporal punishment prohibited; other prohibitions include cruel or severe punishment, verbal or physical abuse, neglect, abusive treatment of other children, depriving them or force feeding, disciplining them for soiling, wetting, or not using the toilet, and excessive time out, etc.
-The Caregiver must use behavior management in a consistent way based on and understanding of individual needs and development.

Emergency Medical Consent Policy
-Forms are required, but they do not have to be notarized.
-Parental permission required for the administration of CPR and First Aid.

Environmental Policy
-Testing for the presence of lead, asbestos and/or radon is not a requirement for licensing; no financial assistance is available for the inspection for or remediation of the presence of lead, asbestos or radon.
-State regulations do not address the issue of pesticide use near family child care homes located in rural areas.

Immunization Policy for Children
-Children are required to be immunized; according to the public health schedule, provider is responsible for obtaining up to date information.
-Blood lead level screening is required within 30 days of enrollment into a licensed family child care home.

National Life Safety Fire Code Policy
-Not adopted.

Nutrition Policy
-MA Department of Education Bureau of Nutrition is state sponsor for USDA CACFP.
-Children shall be offered one snack or meal, if in care for less than 4 hours and shall be offered regularly scheduled meals and snacks, if in care 4 hours or longer. Infants and toddlers shall be fed according to their individual feeding schedule or needs. The provider shall not force children to eat.

Smoking Policy
-No smoking in child care space when a child care child is present.

Before and After School Programs
-School age children above the age of 7 who are cared for in a FCCH are exempted from licensure when no child under age 7 is in care.
-No policy regarding overlap time for school age children integrated with other children in FCCH; child/staff ratio must be maintained.

Infant Care Programs
-When caring for very young children, the provider shall ensure that:
  -At no time a child is left unattended in an infant seat on a table, or on a changing table;
  -At no time a child is left awake and unattended in a crib, infant seat on the floor, or playpen for a period of time exceeding 15 minutes;
  -A supply of clean, dry diapers adequate to meet the needs of the children in

care is maintained, each child's diaper is promptly changed when wet or soiled;
-Proper diapering procedure are followed, which prevent the spread of diseases in FCCH and which follow good hygiene practices including sanitizing, handwashing, use of individual diapering topical ointments, and the use of individual or disposable changing materials.
-A change of clothing is provided for each child;
-Personal items such as bottles, baby food, pacifiers, formula, etc., must be either labeled with the child's name or be distinctly different in appearance (i.e. size, shape, color, etc.) At no time may one child's personal items be used by another child; and,
-Young children must have a balance of activities, including the ability to freely explore the FCCH at least part of each day.

Programs for Children with Disabilities
-The provider shall make reasonable accommodations to serve a child with a disability, unless the accommodations would impose an undue hardship.

Sick Child Care Programs
-Care of mildly ill children: provider may care for children who are mildly ill. If a child becomes ill during the day, the provider must notify the parents; the provider must meet ill child's individual needs for food, drink, rest, play materials, comfort and appropriate activities as indicated by the health condition of the child.

Tiered Reimbursement for Subsidized Children
-A new four Tier Reimbursement program that all providers must meet first literacy based tier; then program can choose to do any number of the other 3 tiers in any order. Rate depends upon how many they have met.

Zoning Regulations
-Zoning Act: Use of residence as a licensed FCCH is permitted under local zoning laws except where the city or town expressly acts to regulate or prohibit FCCH. Since most local zoning laws don't address FCCH, amendment changes presumption to prove that FCCH is a legal use. Boston passed a zoning amendment which allows FCCH to be an accessory use in a private residence.

Available Resources
-Child care resource agencies statewide.

Local Contact
-Regional Offices of Child Care Administration are:
-1) Springfield Office, 53 Capitol Dr., Springfield, MA 01089; (413) 788-8401.
-2) Worcester Office, 340 Main St. #400, Worcester, MA 01608; (508) 798-5180.
-3) Beverly Office, 66 Cherry Hill Drive, Suite 100, Beverly, MA 01915; (617) 727-6853 or (978) 524-0012.
-4) Lakeville Office, 109 Rhode Island Rd, Lakeville, MA 02347; (617) 727-1444.
-5) Boston Office, 1250 Hancock St, Quincy, MA 02169; (617) 472-2881.
-6) Central Off. 1 Ashburton Pl., Rm. 1105, Boston, MA 02108; (617) 626-2000.

Pending/New Legislation
-OCCS is promulgating revised FCC regulations later this year.

MICHIGAN (MI)

Information
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FAX: (517) 335-6121

Number of Regulated Homes
-11,326 family child care homes.
-3,395 group child care homes.
-Licensor-provider ratio: 1:230 (includes center based care).

Provider Regulations
-Registration required; FCCH may have 1-6 children; a $25 fee is required; a renewal fee of $10 is required.
-Certificates are given to providers at original issuance and renewal.
-Certificates of registration renewed every three years via the mail.
-The term "regular" is not defined, except in the definition of regulated care as in "periods less than 24 hours per day"and to an unrelated minor "for more than 4 weeks during a calendar year."
-"Relative Care" means a parent, grandparent, brother, sister, stepparent, step-sister, stepbrother, uncle, aunt, cousin, great aunt, great uncle, or step grandparent related by marriage, blood or adoption.
-Social security number of provider is required on the supplemental application.
-Staff ratio is 1:6, including family members under 7 years old; no more than 4 children under 30 months and no more than 2 of those children can be under 18 months.
-Space requirements: 35 sq. ft. indoors; 400 sq. ft. for FCCH and GCCH outdoors.
-Providers are required to reside in the home used to provide care.
-Proof of furnace inspection and signed statement indicating fire extinguisher, rated 2a-10BC, have been bought and mounted on each floor used by children in care is required; also a smoke detector is placed on every floor - all prior to initial application process.
-Liability insurance not required.
-Substitute caregiver required for emergencies.
-State provides Consumer Product Safety Commission data on banned children's equipment in quarterly newsletter. Available from staff during inspection visits to providers.
-State requires providers to report to licensing the death of a child, a missing child, a child's injury that requires medical care. Licensing tracks for trends, evaluating care and supervision by providers. Adverse actions may result.

-Informal Care/Kith and Kin: This is monitored by the Family Independence Agency.
-**Group Family Child Care Homes:**
-Provides care for 7-12 children; $40 fee is required for applicants and a renewal fee of $20 is required.
-Provider/child ratio - 1:6; 2:7-12.
-License required, with renewal every 2 years following on-site visit.
-Provisional licenses are given for 6 months for either a temporary license (original issuance) or for not being in compliance (Adverse Action).
-Special requirements include fire safety provisions for child occupancy above 2nd floor; emergency alarm and procedures; nighttime care, and fire extinguisher.

Unannounced Inspection Procedure
-FCCH inspected within 90 days of receiving registration; 10% random sampling of homes annually; visits usually scheduled. Division may not return unless complaint warrants unannounced visit; renewed every 3 years (self-certification).
-Once a complaint has been made, depending on the seriousness of the violations, investigation is to begin within 1 - 5 working days; this can include an unannounced visit if the violations warrant it.
-GCCH: Licensing consultants make unscheduled visits to group homes annually to confirm ongoing compliance with rules and offer consultation and assistance.

Tracking of Registration/License Denials or Revocations
-Both denials and revocations are tracked indefinitely.

Complaint Procedure
-To file a complaint, contact Division of Child Day Care Licensing, either at the local or central office level; verbal or written complaint can be filed.
-Consequences are a correction of the violations; can also include a warning letter; change to a provisional license; refusal to renew, or a revocation of the license/registration.

Provider Qualifications
-Provider must be at least 18 years old.
-All adult members of the home (14 yrs. of age and older) are required to have TB tests prior to initial application and every 3 years thereafter.
-A signed statement by a licensed physician which attest to the health of the provider applicant.
-No other adult immunizations required.
-Criminal record clearance and Protective Services Clearances required for provider and family members 18 years and older; fingerprinting not required.

Provider Training and Orientation
-Family child care orientation class of approximately 5 hours covers rules, health and safety issues, discipline, SIDS, Shaken Baby Syndrome, CPS responsibilities and programming is required for all new providers.
-FCCH providers must complete within 3 years of registration first aid training and both adult and child CPR.
-GCCH must complete within 2 years of being licensed 20 clock hours of training related to care of children, and 8 hours of child development; Child

Abuse Central Registry also reviewed. GCCH law requires at least one person to be certified, within preceding 36 months in First Aid and within the preceding 12 months in age appropriate CPR.
-GCCH CPR and First Aid must be completed prior to licensure.
-On-line training is not accepted for in-service training or CPR training.

Discipline Policy
-Corporal punishment including spanking prohibited; a written discipline policy in each FCCH/GCCH home is required.

Emergency Medical Consent Policy
-Form is required.
-Notarization is encouraged because hospitals are more likely to trust it if it has been notarized.

Environmental Policy
-Testing for the presence of lead, asbestos or radon is not a requirement of registration or licensure; no financial assistance is available for the inspection for or remediation of the presence of lead, asbestos or radon.

Immunization Policy for Children
-Children are not required to be immunized, although the provider is required to obtain a health record on each child which includes any immunizations.
-Provider is responsible to maintain current and accurate health record.
-Blood lead level screening is not required for entrance into a registered or licensed family child care home.

National Life Safety Fire Code Policy
-Have not been adopted.

Nutrition Policy
-MI Department of Education is state sponsor for USDA CACFP.
-Nutritional guidelines comply with USDA CACFP.

Smoking Policy
-No smoking allowed on the premises during hours of operation for FCCH and GCCH.

Before and After School Programs
-No separate special regulations.
-Overlap time for the integration of school age children into a FCCH/GCCH caring for younger children is not allowed; child/staff ratio must be maintained at all times.

Infant Care Programs
-No separate special regulations.

Programs for Children with Disabilities
-No separate special regulations.
-Providers must comply with the guidelines of the ADA.

Sick Child Care Programs
-No complete prohibition against sick children; isolate the child, if necessary; report to parent immediately re: sickness.
-Written permission from parent required for administering medication.

Tiered Reimbursement for Subsidized Children
-No program at this present time.

Zoning Regulations
-Providers are expected to comply with local ordinances. However, a license or certificate of registration will be issued as licensing law does not require such compliance.

Available Resources
-Community Coordinated Child Care (4 C's); MI Family Child Care Alliance.

Local Contact
-Consumer and Industry Services, Bureau of Regulatory Services, Division of Child Day Care Licensing.

Pending/New Legislation
-None.

MINNESOTA (MN)

Information
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Dept. of Human Services
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St. Paul, MN 55155-3842
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Number of Regulated Homes

-**13,879** family and group child care homes [MN does not break it down].
-Licensor-provider ratio: 1:50-200+, depending on the county.

Definitions and Regulatory Requirements

-Licensed required; fee may be charged and varies by county; renewed up to every 2 years through reapplication procedure.
-Provisional licenses are not issued under any circumstances.
-Exemption: can care for children from one family, unrelated to provider.
-Social security number of provider is not required.
-The term "regularly" or "regular basis" means a cumulative total of more than 30 days within any 12 month period.
-"Relative Care" means a spouse, parent, natural or adopted child, step child, step parent, step brother, step sister, niece, nephew, adoptive parent, grandparent, sibling, aunt, uncle or legal guardian. Persons falling within this degree of relationship are excluded from being licensed for family child care.
-Staff/child ratio: FCCH - 1:10, with 3 infants and toddlers and no more than a maximum of 6 preschool age children and 4 school age children
-Infants defined by MN as 12 months and under, toddlers as 12-24 months (except specialized infant/toddler 12-30 months); ratios include provider's own children 11 years of age and under.
-MN Statute allows for persons to be licensed in homes other than where they reside as long as they are the primary caregiver and the facility meets the definition of a residence or dwelling.
-Liability insurance strongly encouraged; if provider has insurance less than $100,000/person and $250,000/occurrence, or no insurance, written notice of level of coverage must be given to and signed by parents of each child in home.
-Substitute caregivers restricted to 30 days per 12 month period.
-Space requirements: Inside, 35 sq. ft./child; outside, 50 sq. ft. per/child.
-No information on use of Consumer Product Safety Commission data on banned children's equipment.
-State requires providers to report to county licensing offices the death of a child, a missing child and serious injuries of children in care.
-Informal Care/Kith and Kin: No specific guidelines, may care for any number as long as children meet the "relative" definition cited above.

-**Group Family Child Care Homes:**
  -May care for 10, 12, or 14 children.
  -Must adhere to following staff ratios:
   a) 10 children: maximum of 3 infants and toddlers--only 2 may be infants; 2 must be school age; one provider.
   b) 12 children: maximum of 2 infants and toddlers--only 1 may be an infant; 2 must be school age; one provider.
   c) 14 children: maximum of 4 infants and toddlers--only 3 may be infants; 2 must be school age; two providers.

Unannounced Inspection Procedure
-Homes inspected prior to licensing; subsequent visits at relicensing-advance notice may be given; however, many county agencies make unannounced visits.
-When a complaints is filed, the county may or may not make an unannounced visit; however, many county agencies make unannounced visits.

Tracking of License Denials or Revocations
-Both denials and revocations are tracked continuously since 1987.

Complaint Procedure
-Complaints are handled by the county social service agencies who are responsible for initial licensing, relicensing and investigation of complaints.
-Depending on the nature and severity of the violation, the sanctions may include one of the following: a correction order, conditional status, suspension, suspension followed by conditional status, revocation, or immediate suspension or fines.

Provider Qualifications
-Provider must be at least 18 years old.
-Provider and all adult caregivers assisting with care must have physical exam within 12 months of licensing.
-No adult immunizations required.
-Three references required.
-Criminal record checks required; statute currently does not allow expenses for criminal records' checks to be passed on to the provider.

Provider Training and Orientation
-No preservice training required before license granted.
-FCCH must have 9 hours of CPR within 1 year of or 1 year prior to licensing.
-GCCH must meet one of three separate qualification requirements to begin GCCH care; the first option is a minimum of 1 year's experience as a licensed FCCH and the other two options are combinations of experience as a provider, teaching assistant, nurse, etc. coupled with specified hours of training or child development education.
-6 hours of training required annually in topics such as child development, child abuse, communicable disease prevention, parent-provider relationships, communication skills, community resources and services for children, behavior guidance, fire safety, injury prevention, learning activities, assessment of child's need, care of bilingual/non-English speaking children, care of children with special needs, nutrition and food safety, cultural diversity and business management.

-On-line training acceptance varies by county. NO on-line CPR training allowed.

Discipline Policy
-Corporal punishment prohibited.

Emergency Medical Consent Policy
-Medical consent form required; but it does not have to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos, and/or radon is not required for licensing; no financial assistance is available for the inspection for or remediation of the presence of lead, asbestos or radon.
-State regulations do not address the issue of pesticide use near family child care homes located in rural areas.

Immunization Policy for Children
-Children must be immunized.
-Provider is responsible for having current immunizations records which are checked at relicensing by social or relicensing worker.
-Blood lead level screening is not required for entrance into FCCH/GCCH.

National Life Safety Fire Code Policy
-Not adopted.

Nutrition Policy
-MN Department of Education is state sponsor for USDA CACFP.
-Most providers participate in CACFP; if they don't, sample menus are provided.

Smoking Policy
-Smoking is not allowed in licensed day care home during child care hours.

Before and After School Programs
-Homes that care for more than 10 school age children are required to be licensed as a day care center; if less than 10 school age children, it is licensed as family child care home.
-No policy regarding overlap time for integration of school age children into the home; child/staff ratios must be maintained at all times.

Infant Care Programs
-No separate special regulations.

Programs for Children with Disabilities
-No separate special regulations.
-Providers must comply with the guidelines of the ADA.

Sick Child Care Programs
-No special regulations; a provider can decide for herself if she will accept a sick child into her home. Provider must have written policies for care of ill children which include parent notification procedures.

Tiered Reimbursement for Subsidized Children
-No Tiered Reimbursement Program at this time. Recently repealed. The state does reimburse providers for 50% of the Accreditation fees.

Zoning Regulations
-1990 Legislature made family child care for 14 or less children a permitted single-family residential use.

Available Resources
-A list is available of county associations and state association, and food programs within the county.

Local Contact
-County Department of Social Services or Resource and Referral agencies, for family child care homes.

Pending/New Legislation
-New: Counties may charge a licensing fee to cover the cost of licensing and for background studies. Fee may not exceed $100 for background studies and $150 for licensing inspections.

MISSISSIPPI (MS)

Information
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Department of Health
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Number of Regulated Homes
-No voluntarily registered family child care homes.
-39 group family child care homes; 6-12 children-licensed by MSDH.
-550 alternate approval homes as reported through CACFP Sponsors.
-Licensor-Provider ratio: 1:105 (average for all licensed facilities)

Definitions and Regulatory Requirements
-Voluntary registration for homes caring for 1-5 children; fee is $5.
-Providers caring for 5 or fewer children are exempt from regulation, unless receiving state and/or federal funds; not regulated by the Health Department, but may be monitored by funding source.
-Social security number of provider is required for records checks, which is mandatory for license application; forms have been revised to include social security number.
-The term "regular" means 3 or more days per week or operations lasting over 3 weeks annually.
-"Relative Care" means kinship/relationship within the 3rd degree is an exemptions from licensure, regardless of number, when 5 or fewer children unrelated to operator are cared for.
-Liability insurance not required.
-Annual license renewal upon completion of inspections & submission of fee.
-Space requirements: 40 sq. ft. of usable space per infant inside; 45 sq. ft. of usable space per toddler inside; 35 sq. ft. of usable space per preschooler inside; 75 sq. ft. of fenced area per child outside.
-State mails Consumer Product Safety Commission data on banned children's equipment to all licensed providers, applicants and interested parties.
-State requires family child care providers to report to licensing the death of a child, a missing child, or a child's injury that requires medical care. Information tracked for trends at facilities, need for additional training or regulation changes.
-Informal Care/Kith and Kin: No specific guidelines.
-**Group Family Child Care Homes:**
-Licensing required
-Annual fee is $50.
-Temporary licenses issued only with initial application; not to exceed 6 mos.

-Allows up to 6 - 12 children in an occupied dwelling.
-Regulations in place.
-Infant ratio 1:5.

Unannounced Inspection Procedure
-Inspections occur before license is issued; thereafter twice a year, staff permitting; random unannounced site visits only deterrent to non-compliance.

Tracking of Registration Denials or Revocations
-No tracking system until homes begin participation in registration program.

Complaint Procedures
-All complaints investigated by MS Dept. of Health staff. Child Abuse/Neglect referred to local police.

Provider Qualifications
-Provider must be at least 21 years old.
-No physical exam or TB test required.
-MMR is only other adult immunization test required.
-Provider or anyone else in the FCCH who lives there or spends a significant amount of time at the day care home when the children are there cannot be carrying an infectious disease.
-Provider cannot be a disabled person who needs a guardian and/or conservator.
-No references required.
-Sex offense and child abuse registry checks required.
-Criminal record checked for crime against persons, drugs, child abuse, sex offense, or any other offense related to the job of child care provider and felony charges; fingerprints checked for providers and volunteers.

Provider Training and Orientation
-No preservice training or orientation is required.
-15 hours per year in-service training required.
-CPR/First Aid is not a separate training requirement. Both are required.
-On-line training is not accepted for in-service or CPR training.

Discipline Policy
-Corporal punishment, including spanking is prohibited.

Emergency Medical Consent Policy
-Form required in licensed homes, but does not have to be notarized.

Environmental Policy
-Testing for the presence of lead is required for licensure; however, asbestos and radon is not a requirement. Testing is required if an environmentalist identifies hazardous or potentially hazardous conditions.
-No financial assistance is available for the inspection for or remediation of lead, asbestos or radon through licensing agency.
-The child care facility shall comply with all regulations promulgated by the Div. of Sanitation of the MS Dept. of Health for food service, on-site waste-water systems; and vector (pest) control; otherwise, state regulations do not address the issue of pesticide use near family child care homes in rural areas.

Immunization Policy for Children
-Children must be immunized in licensed homes.
-Blood lead level screening is not required prior to entrance into licensed family child care homes.

National Life Safety Code Policy
-Self-evaluation by operator incorporates Life Safety Code requirements.

Nutrition Policy
-Meals and Snacks must meet national nutritional standards.

Smoking Policy
-Smoking not allowed on site when children are present.

Before and After School Programs
-No special regulations.
-No policy regarding overlap time.

Infant Care Programs
-Special regulations about space requirements, diapering and toileting, sleeping, feeding, safety and sanitary procedures, toys and equipment, program activities, and transportation.

Programs for Children with Disabilities
-No separate special regulations.
-Providers must comply with the guidelines of the ADA.

Sick Child Care Programs
-Any child with a serious contagious disease must be reported immediately to the local health department officer.
-Provider may exclude, isolate, or group together sick child(ren) based on level of sickness and contagiousness, must call parent and request them to pick up their sick child(ren).

Tiered Reimbursement for Subsidized Children
-There is no Tiered Reimbursement program in place at this time.

Zoning Regulations
-Must comply with local zoning ordinances.

Available Resources
-Funding available through the Department of Human Services. (TANAF)

Local Contact
-Health Department for Licensure, Education (State Office) for USDA Assistance; Department of Human Services Block Grant.

Pending/New Legislation
-None.

MISSOURI (MO)

Information
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Number of Regulated Homes

-**1,919** family child care homes.
-**195** group child care homes.
-Licensor-provider ratio: 1:70-90 (ratio includes both homes and centers)

Definitions and Regulatory Requirements

-Licensing required for care of 5-10 children; renewed every two years; providers caring for 4 or fewer unrelated children at any one time are legally exempt from regulation.
-Provisional licenses are not issued under any circumstances.
-Social security number of provider is required.
-Parents required to sign statement indicating that they have seen a copy of the licensing rules.
-The term "regular" or "regularly" in relation to family child care not defined.
-"Relative Care" means children related in any of the following relationships by blood, marriage or adoption between the provider and the children in care: parent, grandparent, great-grandparent, brother, sister, stepparent, step-brother, stepsister, uncle, aunt, niece, nephew or first cousin.
-Provider may care for maximum of 10 children; providers may obtain a flexible license; ages of children determine necessity of assistant.
-Staff/infant ratio is 1:4.
-Licensing capacities: 1 adult provider in the home may be licensed for up to 6 children including a maximum of 3 children under the age of 2 years, or up to 10 children including a maximum of 2 children under age 2 years, or both. If only 4 children are present, all may be under the age of 2 years. If provider has an assistant present, the home may be licensed for up to 10 children including a maximum of 4 children under age 2 years and for up to 8 children who may all be under age 2 years. A family child care home may be licensed at a maximum capacity for a period of 18 consecutive hours of a 24-hour day and for the remaining 6 hours of the 24-hour day care may be provided for 1/3 the licensed capacity.
-Liability insurance is not required.
-Providers may reside in the home or maintain a facility separate from the residence.

-Substitute caregiver required before license is given.
-Space requirements: 35 sq. ft. indoors; 75 sq. ft. outdoors.
-State does not provide family child care providers with Consumer Product Safety Commission data on banned children's equipment.
-State does not require family child care providers to report to licensing the death of a child, a missing child or a child's injury requiring medical care.
-Informal Care/Kith and Kin: No specific guidelines established.
-**Group Child Care Homes:**
Licensing required.
-Can care for 11-20 children with 2 adult caregivers.
-Must follow child care center regulations.

Unannounced Inspection Procedure
-Inspections required before licensure; 3 supervisory visits and a renewal inspection required during licensure period; homes inspected semi-annually.

Tracking of License Denials or Revocations
-Both revocations, denials and other legal actions are tracked.

Complaint Procedure
-To file a complaint, telephone or write to the child care licensing representative.
-When a complaint is filed, an unannounced visit is made to the home; the consequences depend on the severity; a facility review conference, revocation, or other legal action.

Provider Qualifications
-Provider must be at least 18 years old.
-Physical exams and TB screening necessary for provider, assistants working more than 5 hours per week, and any family member that resides in the home during child care hours.
-No other adult immunizations required.
-Three written references required.
-Criminal record check required for providers and adult household members.
-Provider, other household members, and other child care personnel shall be screened for child abuse/neglect.

Provider Training and Orientation
-Preservice training or orientation are not required.
-12 clock hours on-going per year is required on topics such as health, safety, nutrition, guidance and discipline, appropriate activities and learning experiences for children, positive communication and interaction with parents, planning and setting up an appropriate environment for children, professional and administrative practices or other child related areas. All training must be documented with dates, the number of hours completed, the subject and the name of the individual(s) who conducted the training.
-Any assistant working more than 5 hours per week shall meet the same training requirements.
-All training must be documented and kept in file at family child care home.
-CPR and first aid is not required, but may be counted in the 12 hours.
-On-line training is not accepted for in-service or CPR training.

Discipline Policy
-Corporal punishment prohibited.

Emergency Medical Consent Policy
-Form is required, but it does not need to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos and/or radon is not required for licensure.
-State regulations do not address the issue of pesticide use near family child care homes located in rural areas.

Immunization Policy for Children
-State law requires immunizations for children prior to enrollment in child care facilities caring for more than 9 children; monitoring is done by the Department of Health.
-Blood lead level screening is not required for entrance into FCCH.

National Life Safety Fire Code
-Not adopted.

Nutrition Policy
-MO Department of Health is state sponsoring agency for USDA CACFP.
-Must comply with USDA guidelines.

Smoking Policy
-State law prohibits smoking in all child care facilities.

Before and After School Programs
-On a full vacation day the child may bring a sack lunch if in a program for school age only.
-Overlap of 1/3 of licensed capacity may be allowed when request has been submitted, not to exceed 2 hours total in any 24-hour child care day and only when children are over 2 years of age. Overlap of children under 2 years of age is not permitted.
-On days when schools are closed due to emergencies such as inclement weather, or physical plant failure, the family child care home may accommodate enrolled school age children who need care; provider shall be permitted to exceed for the day the licensed capacity by 1/3 and cannot be in excess of of 1/3 allowed in overlap care. At no time may the licensed capacity of the home be more than 1/3 over licensed capacity.

Infant Care Programs
-Specific and special regulations for infants and toddlers are included in the regulations related to supervision, diapering, toilet training, behavior management, daily activities and food/nutrition.

Programs for Children with Disabilities
-Individual health care plan on file.

Sick Child Care Programs
-Regulations permit care of mildly ill children with certain restrictions.
-Specific regulations related to the ill child are included in the overall regulations. No separate rules for facilities only caring for ill children.

Tiered Reimbursement for Subsidized Children
-There is a Tiered Reimbursement program implemented through the Dept. of Social Services (DSS) for providers who offer care based on the following: (1) 20% increase on the base of reimbursement to all subsidized care for a provider who is accredited by a recognized accreditation model; (2) 25% increase to any provider who offers care to a child with special needs; (3) 15% increase for child care during non-traditional hours (evenings/weekends); 30% increase to providers who offer care for a disproportionate share of subsidized children. 50% of the children must receive subsidized care.

Zoning Regulations
-Providers are responsible to comply with local ordinances.

Available Resources
-Family child care associations, resource and referral agencies, and the Child Care and Development Fund (CCDF).

Local Contact
-Local Department of Health Office.

Pending/New Legislation
-None.

MONTANA (MT)

Information
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Child Day Care Program Manager
Department of Public Health and
Human Services
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Helena, Montana 59620-2953
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Number of Regulated Homes

-722 family child care homes.
-442 group family child care homes.
-Licensor-provider ratio: 11:2000+ care facilities; optimum level: 1:20-50.

Definitions and Regulatory Requirements

-Family Child Care Homes:
-Registered for 3-6 children including family's children who are under 6 years of age; no registration fee.
-Providers caring for 1-2 children are exempt from regulation; also exempt are programs that offer care for educational purposes only, irregular basis or exclusive to blood relatives.
-Authority to issue licenses/registrations for up to 3 years, for facilities that are deficiency free.
-Term "regular" defined as 3 or more consecutive weeks.
-Term "Relative Care" defined as related by blood or marriage.
-Providers are not required to reside in the home used to provide care.
-Liability insurance required by law, described as "adequate insurance" no specific amount in the Statute.
-Social security number of provider is required.
-Provisional licenses are issued, but cannot extend 6 months in total; only given when provider is attempting to comply with other requirements.
-Space requirements: 35 sq. ft. of usable indoor space; 75 sq. ft outdoors.
-State disseminates Consumer Product Safety Commission data on banned children's equipment to licensing staff and to CCR&R agencies. Licensing staff use information during visits and CCR&R publishes information in quarterly newsletters.
-State requires family child care provides to report to licensing the death of a child, a missing child or a child's injury that requires medical care. Information is tracked to determine patterns of care and will refer to pertinent agencies as necessary.
-Informal Care/Kith and Kin: "Parental Choice" mandates relatives can provide care and get paid if parent is eligible for state assisted care; go through background checks and application process. If there is no need for payment, there is no regulation unless a relative cares for more than 1 family group.

-Group Family Child Care Homes:
-Registration required (no fee).

-Maximum of 7-12 children with 2 providers.
-Provider/child ratio - 1:3 for children under age 2.
-Space requirements: 35 sq. ft. inside; 75 sq. ft. outside.

Unannounced Inspection Procedure
-No inspection required before registration; All new providers receive inspection within 90 days of becoming registered; 20% of homes inspected annually.
-When a complaint is filed, Licensing Rep determines course of action, including an unannounced visit.

Tracking of Registration Denials or Revocations
-Tracking of both denials and revocations computerized so they can be tracked for life.

Complaint Procedure
-Complaints can be received by DPHHS agencies or CCR&R who refers to DPHHS; if complaint is directed to Licensing Representative, investigation takes place.
-Consequences for operating illegally: $500 fine for regulation violations; suspension or revocation depends upon situation and degree of intent.

Provider Qualifications
-Provider must be at least 18 years old.
-Caregivers must have TB, MMR & TD; Household members need MMR and TD only.
-Providers, aides and anyone residing in the home over age 18 must complete criminal background check and complete a child protective services check. Background check must show no disqualifying criteria as defined by rules. Fingerprinting not required.

Provider Training and Orientation
-Providers must attend a basic day care orientation within the first 60 days of registration covering: health; safety; child development/well-being; discipline/guidance; nutrition/food safety; business aspects of a child care business.
-Provider must hold a current course completion card in infant, child and adult CPR, including infant choking response and standard first aid.
-On-going training is required of at least 8 hours annually related to MT Early Care and Education Knowledge Base including at a minimum: personal attributes/ characteristics; health, safety and nutrition; child growth and development; environmental design; child guidance; family and community partnerships; program management; curriculum; observation and assessment; professionalism or cultural and development diversity.
-On-line training is accepted, as determined by the Career Development System. No on-line CPR training.

Discipline Policy
-Corporal punishment prohibited.

Emergency Medical Consent Policy
-Forms are required, but they do not have to be notarized.

Environmental Policy
-Testing for the presence of lead is required for registration if necessary; not asbestos or radon; no lead-based paint can be used.
-No financial assistance is available from the department for the inspection for or remediation of the presence of lead, asbestos or radon. Other community resources (i.e. EPA's program lead abatement).
-No information available about pesticide use near family child care homes in rural areas.

Immunization Policy for Children
-Children are required to be immunized; provider must keep updated records of the immunizations. HIB only for children under 5 years.
-Blood lead level screening is not required for entrance into registered family child care homes.

National Life Safety Fire Code Policy
-Not adopted.

Nutrition Policy
-MT Department of Public Health and Human Services is state sponsor for CACFP.
-Nutritious meals must be served; most providers participate in CACFP.

Smoking Policy
-Smoking is not allowed.

Before and After School Programs
-No separate special regulations; DPH is in the process of drafting new rules specific to school aged child care.
-Overlap hours cannot exceed 3 hours per day; GCCH - if registered for 9 or fewer children, only 3 additional children can be served in overlap; registered for 10 or 12 children, only 4 additional children; FCCH - no more than 2 children additional children can be served.

Infant Care Programs
-Supplemental regulations for infant care were recently revised.
-Each infant needs a written statement by a physician or person licensed to practice medicine in MT, concerning any special needs and documents child's presence in child care poses no health risk to other children.
-Special regulations regarding diapering, wet or soiled clothing, feeding, bathing, sleeping, transportation, activities, building, space, and equipment.
-In FCCH, if only infants are cared for, there may be up to 4 babies with no other children in attendance. Staff/child ratio: 1:4; each child is assigned a primary caregiver; staff must be sufficient so that there is always one adult present and supervising. In GCCH, if only infants are cared for, there may be up to 8 babies with 2 caregivers and no other children in attendance.

Programs for Children with Disabilities
-Day care for children with disabilities is at the paid rate of actual cost of care in FCCH and GCCH. Providers must comply with the guidelines of the ADA.

Sick Child Care Programs
-New regulations effective September 2000; do not allow for care of mildly ill children in family child care or group family child care homes. Requirements have specific guidelines when ill children may return to care. All homes must develop policies for first aid and maintain an appropriate first aid kit.

Tiered Reimbursement for Subsidized Children
-Tiered Reimbursement Program was implemented during 2002, called entitled Montana Star Quality Program.

Zoning Regulations
-FCCH and GCCH exempt from conditional use permit requirements; both are legitimate uses of residential property; zoning depends upon the community. Some zoning laws differ community to community.

Available Resources
-CACFP, Montana Child Care Associations, services through R&R's; upon registration are eligible for CCDF funding.

Local Contacts
-Child Care Licensing Staff District Offices:
-Billings area: 2121 Rosebud Drive Suite D, Billings, MT 59101 (406) 655-7633;
-Bozeman area: 2200 West Lammme, Bozeman, MT 59715 (406) 522-2271;
-Butte area: 700 Casey St., Butte, MT 59701 (406) 496-4950;
-Great Falls area: 2300 12th Ave. South, Great Falls, MT 59405 (406) 268-3777;
-Harve area: 48 2nd Avenue, 2nd floor, Harve, MT 59501 (406) 262-9790;
-Helena area: 2401 Colonial Dr, PO Box 202953, Helena, MT 59620 (406) 444-1954;
-Kalispell area: PO Drawer 310, Kalispell, MT 59903 (406) 751-5950;
-Miles City area: 2200 Box Elder, #10, Miles City, MT 59301 (406) 234-4581;
-Missoula area: 610 Woody Missoula, MT 59802 (406) 523-4100.

Pending/New Legislation
-None.

NEBRASKA (NE)

Information
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Child Care Licensing
Department of Health and Human Services
Regulation & Licensure (HHS R&L)
P.O. Box 95007
Lincoln, NE 68509-5007
PHONE: (402) 471-9431
FAX: (402) 471-7763

Number of Regulated Homes

-**2,646** family child care homes [Family Child Care I].
-**581** group child care homes [Family Child Care II].
-Ratio of licensing specialists to homes is approximately 1:129, in addition to other types of programs. Licensing specialists are also responsible for the licensure of child care centers and pre-schools.

Definitions and Regulatory Requirements

-**Family Child Care Home I:**
-Self-certification required when caring for 4-8 children in addition to providers own under age 8; fee is $25 required annually; Money goes to general fund for HHS.
-Providers caring for 3 or fewer children or care for one family are exempt from regulation.
-Provisional licenses: all newly licensed child care providers will be issued a provisional license for a period of one year, to be extended for no more than 6 months under specific circumstances. After the provisional license year is complete, providers must apply for a non-expiring, operating license.
-Social security number of provider is required.
-The term "regular" is not defined; "irregular" is care provided randomly with no established pattern of occurrence.
-"Relative Care" is defined as biological, adoptive, foster children and grandchildren below age 8; does not make any other references to any other relatives.
-FCCH I may care for up to 8 children including their own children under 8 years old; no more than 2 children may be under 18 months old; additionally there may be 2 school age children during non-school hours.
-Provider/child ratio: infants only - maximum of 4; mixed ages - maximum of 8, no more than 2 infants at one time; school age only maximum of 10.
-Providers in FCCH I must reside in the home used for care.
-Liability insurance is not required.
-Space requirements: 35 sq. ft. indoors per child; 50 sq. ft. outdoors per child.
-State disseminates Consumer Product Safety Commission data on banned children's equipment to all licensed providers through a newsletter.

-State requires family child care providers to report to licensing the death of a child, a missing child or a child's injury that requires medical care. State tracks the data and may use information in an investigation.
-Informal Care/Kith and Kin: no specific guidelines.
-**Family Child Care Home II (GCCH):**
-Provider/child ratio: 9-12 children with 2 providers.
-If infants only - 3 caregivers to 12 infants or 2 caregivers to 8 infants.
-Must be inspected by Fire Marshal, Health Inspector, and HHS Regulation and Licensure prior to license issuance.

Unannounced Inspection Procedure
-Child Care Resource Specialist is required to make unannounced visit within 60 days of issuance or renewal of license for FCCH I. In addition to the 60 day visit, all licensed programs are required to have an annual/semi-annual unannounced visit.
-Complaint allegations are investigated by an unannounced visit and unannounced follow-up visits if necessary.
-A probationary status is one alternative to serious non-compliance when there is not a danger to the safety of children or staff. Probationary status can only be in effect for 6 months and requires that a corrective action plan be developed by the provider and monitored by Department staff.

Tracking of License Denials or Revocations
-Both denials and revocations have been tracked since 1978.

Complaint Procedure
-To file a complaint, call or write HHS Regulation & Licensure Child Care Licensing Program.
-Consequences are dependent upon the nature of the violations; may range from issuance of noncompliance report, impose intermediate sanctions against program to include limiting enrollment, imposing fines and restricting hours, to emergency closing order which immediately revokes the license.

Provider Qualifications
-Provider must be at least 19 years old.
-Physical exam required and shall include: blood pressure, urinalysis, self-disclosure statement on substance abuse and treatment for mental health problems.
-There are no HHS licensure policies regarding immunization of adult members in the house, including the child care provider.
-No references required.
-One city has permit requirements which includes criminal records check.

Provider Training and Orientation
-Providers must have 1 hour of pre-service orientation on licensing regulations and process, plus CPR and First Aid.
-12 clock hours of on-going training per year is required which may include safe environment, healthy environment, learning environment, physical development, cognitive learning, communication, creative learning, self-esteem, social development, guidance, family relationships, program management, and/or professionalism.

-On-line training is accepted for in-service training but must have official documentation of completed training. No on-line training accepted for CPR requirement.

Discipline Policy
-Corporal punishment prohibited in both FCCH I & II.

Emergency Medical Consent Policy
-Forms are required, but they do not have to be notarized.

Environmental Policy
-Testing for the presence of lead is required with approval/disapproval by HHS R&L; no testing required for asbestos or radon.
-Financial assistance is available for the inspection for or remediation of the presence of lead, but not for asbestos or radon.
-State regulation do not address the issue of pesticide use near family child care homes located in rural areas.

Immunization Policy for Children
-Immunization regulated by Department of Health and Human Services.
-Blood lead level screening is not required for entrance into family child care homes.
-Providers are required to maintain copies of children's immunization records have them available upon request.
-Providers are required to retain copies of immunization records of all children and send aggregate data to the Department of Health and Human Services on a yearly basis.

National Life Safety Fire Code Policy
-Followed by both FCCH I & II.

Nutrition Policy
-NE Department of Education is state sponsor for USDA CACFP.
-Nutritional guidelines comply with USDA CACFP.

Smoking Policy
-Smoking is prohibited in all areas of the home designated for child care during the hours of operation.
-The child care provider shall inform parents of all enrolled children, if any household member, including the provider, smokes in the home; information will be provided to parents before accepting a child into care.
-Family Child Care Home II that is located outside of the residence, must be smoke free.

Before and After School Programs
-No separate special regulations.

Infant Care Programs
-Section of regulations pertain to those providing infant care.

Programs for Children with Disabilities
-No separate special regulations.

Sick Child Care Programs
-No special regulations.
-Regulations do not prohibit care of mildly ill children in family child care homes as long as children are separated from other children and their needs are met until such time as they are picked up.

Tiered Reimbursement for Subsidized Children
-There is a Tiered Reimbursement program for family child care homes accredited by a National Organization, set at the 90th percentile of the market rate.

Zoning Regulations
-Quality Child Care Act prohibits cities and communities from imposing zoning ordinances that prohibit family child care.
-No specific regulations pertaining to zoning.

Available Resources
-Information on local organizations, consultations and technical assistance on quality care, and training and information on available grants.

Local Contact
-There are 25 Child Care Resource Specialists in 10 locations throughout the State.
-There are 3 Registration Clerks located in Lincoln and Omaha.
-Regional offices of Child Care Licensing Program Staff are:
-1) Gering Office, 1660 10th Street, P.O. Box 540, Gering, NE 69341; (308) 436-6500.
-2) Ainsworth Office, 148 W. 4th, Ainsworth, NE 69310; (402) 387-2533.
-3) North Platte Office, 200 S. Silber, North Platte, NE 69101; (308) 535-8134.
-4) Kearney Office, 24 West 16th, P.O. Box 218, Kearney, NE 68848; (308) 865-5592.
-5) Grand Island Office, 116 S. Pine, P.O. Box 2440, Grand Island, NE 68802; (308) 385-6100.
-6) Beatrice Office, R.R. #2, Box 401, Beatrice, NE 68310; (402) 223-6000.
-7) Lincoln Office, 1050 "N" Street, Suite 250, Lincoln, NE 68508; (402) 471-7000.
-8) Omaha Office, 1101 S. 42nd Street, Keeline 200-A, Omaha, NE 68105; (402) 595-3343.
-9) Fremont Office, 124 E. 5th Street, Box 770, Fremont, NE 68025; (402) 727-3200.
-10) Columbus Office, 2365 39th Ave., Columbus, NE 68601; (402) 564-1113.
-11) Norfolk Office, 209 N. 5th, Box 339, Norfolk, NE 68702; (402) 370-3132.
-12) Fairbury Office, 512 C Street, Fairbury, NE 68352; (402) 729-2147.

Pending/New Legislation
-None.

NEVADA (NV)

Information
Supplied By: Paula A. Hawkins, Chief
Bureau of Services for Child Care
711 East 5th Street
Carson City, NV 89701-5092
PHONE: (775) 684-4439
FAX: (775) 684-4464

Number of Regulated Homes

-565 family child care homes (includes individual cities).
-32 group family child care homes (includes individual cities).
-Licensor-provider ratio: licensors have a mixed caseload of family child care, group homes, and centers, designated by licensing entity. (Bureau licensed 93 family 15 Group)

Definitions and Regulatory Requirements

-Licensing by the State is required when caring for 5 or more children if compensation is received for the care of any of those children; providers caring for 4 or fewer children are legally exempt from regulation.
-Carson City, Las Vegas, Clark County, and Washoe County regulate family and group family child care in their respective areas. Refer to end of the section on NV for complete address and phone number of each.
-Licensing fees: 6 or less children - $20; 7-12 children - $60; renewed annually.
-Provisional license may be issued to allow time for a facility to come into compliance.
-Social security number of provider is required to conduct FBI checks.
-The term "regular" as it relates to family child care is not defined.
-"Relative Care" is defined as a home in which the only children received, cared for and maintained are related within the 3rd degree of consanguinity or affinity by blood, adoption or marriage to the person operating the facility.
-FCC providers may care for maximum of 6 children, and may by local ordinance include family members; maximum of 4 children under 2 years of age, with no more than 2 children under 1 year of age.
-Providers are required to reside in the home used to provide care.
-Liability insurance required to third person. Bureau must be notified at least 30 days before cancellation or non-renewal of a policy.
-Substitute caregiver required, providers must give the name and phone number of the substitute to the licensing agency with proof of FBI check.
-Space requirements: 35 sq. ft. per child inside usable space; 37 1/2 sq. ft. per child outside.
-State disseminates Consumer Product Safety Commission data on banned children's equipment to providers via mail, hand-delivered during visits and/or through provider meetings. They will be made available on the website as soon as the site is completed.
-State requires providers to notify licensing of the death of a child, accidents,

inquiry requiring emergency professional medical care, and communicable diseases. Not required to report a missing child.
-Informal Care/Kith and Kin: All family care meets the same licensing regulations. Any parent receiving a child care subsidy must have a provider who is licensed or approved as a legally unlicensed provider, by the contractor operating the program.
-**Group Family Child Care Homes:**
-7-12 children, who must be cared for by a minimum of 2 providers.
-Provider/child ratio of 1:6 maintained; no more than 8 children under 3 years old with no more than 4 children under 1 year.
-An additional caretaker must be on duty whenever one or more of the following conditions exist: a) More than 6 children are in the facility; b) More than 4 of the children are less than 2 years of age; c) More than 2 of the children are less than 1 year of age.
-**Carson City**
-License:required for 5 or more children; fee is $2.00 per child.
-Inspections are two times or more a year plus complaint investigations, may be announced or unannounced; state requirement 2 unannounced .
-5 FCCH and 2 GCCH currently.
-**Clark County**
-License required to care for even 1 child on a regular basis. Providers own child(ren) under 6 years of age are counted in the License Limit.
-110 FCCH and 6 GCCH currently.
-All visits are unannounced. Increased inspection to 3 times a year.
-**City of Las Vegas**
-License required to care for even 1 child on a regular basis; fee is $20 for FCCH and $80 for GCCH.
-Other regulations/requirements are the same as the State.
-135 FCCH and 5 GCCH currently.
-**Washoe County**
-License required to care for 2 or more children on a regular basis.
-222 FCCH and 4 GCCH currently.

Unannounced Inspection Procedure
-Initial inspections prior to licensure; subsequent inspections throughout year with minimum of 2 visits annually.
-Inspections are random with no advance notice.

Tracking of License Denials or Revocations
-Both denials and revocations are tracked on a yearly basis, on-going.

Complaint Procedure
-To file a complaint, register with licensing entity.
-When a complaint is filed follow-up procedure is depends on nature of complaint.
-Consequences are dependent upon regulation section(s) out of compliance and number of offenses.

Provider Qualifications
-Owner must be 18 years old. The facility may not be operated without a caregiver a minimum of 18 years old on the premises.
-Caregivers must be at least 16 years old and have had a Child Development

course if under 18 years of age. No more than 50% may be under 18 years.
-Physical exams not required; TB test is required, renewable every 2 years.
-No other adult immunizations required.
-References required.
-FBI background checks conducted on all licensees and adult family (18 years and older) members living in home, renewable every 6 years.

Provider Training and Orientation
-Initial 6 hours of training relating to child development ages and stages and health and safety, plus infectious disease and first aid.
-12 hours of continuing education annually follows on child care topics.
-First aid is a separate training requirement. CPR is not a separate training requirement, but it is highly recommended 3 hours for annual training hours.
-On-line training is accepted based on individual provider request. Will accept 3-6 hours out of the current 12 hours required as approved by individual surveyors, with exception of CPR training.

Discipline Policy
-Corporal punishment is prohibited.

Emergency Medical Consent Policy
-Form is required, but it does not have to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos or radon is not required for licensing; no financial assistance is available for inspection for or remediation of the presence of lead, asbestos or radon.
-The issue of pesticide use is addressed by the State Bureau of Health Protection.

Immunization Policy for Children
-Provider must obtain and maintain on premises a current immunization record for each child prior to their admittance.
-Provider is responsible for seeing that the parent keeps child's immunization record current.
-Blood lead level screening is not required for entrance into child care homes.

National Life Safety Fire Code Policy
-Adopted by the State Fire Marshal's Office.

Nutrition Policy
-NV Department of Education is state sponsor for USDA CACFP.
-Meals and snacks must be of a quality and quantity which supplements the food served at home. Cultural and ethnic foods which are appropriate for children must be considered in planning meals. Further specific guidelines are required.

Smoking Policy
-Smoking is allowed in family child care in a designated area, without presence of children (not in food preparation area) but is prohibited in group homes unless an assigned smoking area is approved by State Fire Marshal.
-Parents must be notified in writing that smoking is permitted in both settings.

Before and After School Programs
-No separate special regulations.
-No overlap time policy.

Infant Care Programs
-Special regulations adopted.

Programs for Children with Disabilities
-Special regulations adopted.
-Providers must comply with the guidelines of the ADA.

Sick Child Care Programs
-Special regulations adopted.
-Regulations do not permit care of mildly ill children.

Tiered Reimbursement for Subsidized Children
-No Tiered Reimbursement program in place at this time but is in the development stages. A Workforce Study is being conducted to be completed within the next 18 months.

Zoning Regulations
-Child care homes must comply with applicable local ordinances.

Available Resources
-Training and resources provided by the Bureau and resource and referral agencies. Training that is provided by other sources must be approved by the appropriate licensing entity.

Local Contact
-Except for localities listed below, contact the Bureau of Services for Child Care (775-684-4400) to get the county or city contact near your area. Direct inquiries concerning these facilities in local areas to:

Carson City
Carson City Environmental Hlth.Dept.
Consumer Protection Division
3303 Butti Way, Building 1
Carson City, NV 89701
(775) 887-2190

City of Las Vegas (in city limits)
Department of Finance and Business
Child Care Section
400 Stewart Avenue
Las Vegas, NV 89101
(702) 229-6922

Clark County (Unincorporated areas)
Child Welfare Licensing
Clark County Social Services
1600 Pinto Lane
Las Vegas, NV 89106
(702) 455-3894

Washoe County
Washoe County Social Services
Wells Ave. at 9th St.
P.O. Box 11130
Reno, NV 89520-0027
(775) 328-2327

Pending/New Legislation
-Extended hour regulations and training requirements in draft stage.

NEW HAMPSHIRE (NH)

Information
Supplied By: Wendy Kessler, Bureau Chief
Bureau of Child Care Licensing
Health and Human Services Building
129 Pleasant Street
Concord, NH 03301-6527
PHONE: (603) 271-4624
FAX: (603) 271-4782

Number of Regulated Homes

-236 family child care nomes.
-132 group family child care homes.
-Licensor-provider ratio: 1:175 (approximately); optimum supervision ratio: 1:50-75. New Hampshire Licensors cover FDC, FGDC, Centerbased facilities and Residential Facilities.

Definitions and Regulatory Requirements

-**Family Child Care Homes:**
  -Licensing required when caring for 4 or more children; renewed every 3 years.
  -Providers caring for 1-3 children are exempt from regulation as well as providers caring for only related and resident children.
  -A 6 month permit is issued to new facilities to allow the department to monitor compliance with regulations when providers are actually caring for children.
  -One provider may care for any 1 of the following groups of children (includes the provider's own biological or adopted children, foster and resident children up to 10 years of age):
    1) 6 preschool children and 3 school age children provided that no more than 4 children shall be under 36 months of age of which no more than 2 shall be under 24 months of age.
    2) 6 preschool children and 3 school age children provided that no more than 4 children shall be under 36 months (requires an assistant/aide when more than 2 of the 4 children under 36 months are under 24 months).
  -One provider with an assistant may care for 6 preschool children of whom 4 may be under 36 months of age plus 3 school age children.
-Social security number of providers is not required.
-"Regular Basis" is defined in RSA170-E:2.
-"Relative Care" is defined in the law as any relationships by blood, marriage or adoption including: parent, grandparent, brother, sister, step-parent, step-grandparent, step-brother, step-sister, uncle, aunt, niece, nephew, first or second cousin.
-Liability insurance required; if they are not covered they must disclose this fact to the parents.
-Substitute caregiver required, or plan for caregiver absence.
-Provider must reside in the home used for care; regulations also require that the FCCP be the person in whose home the care is provided.

-National Fire Prevention Code must be met, regulated by NH Dept. of Safety, Fire Marshall's Office, or local fire inspector.
-Space requirements: Inside - 35 sq. ft. per child; outside - 50 sq. ft. per child; however, homes with less than 50 sq. ft. per child outside are acceptable as long as the outside area is at least 1/3 of the maximum capacity and as long as the area of outside sq. ft. per child never falls below, at any time, 50 sq. ft. for every child outside.
-State does not disseminate to family child care providers Consumer Product Safety Commission data on banned children's equipment, however it could potentially be used in enforcement activities.
-State requires family child care providers to report to licensing the death of a child and information will be used to determine if further investigation is necessary. Providers must report to only to parents a missing child or injury to a child that requires medical care.
-Informal Care/Kith and Kin: The Department is implementing registration of license exempt child care homes, that are paid by the Department, which will include Criminal Record Checks and Child Abuse/Neglect Central Registry checks.
-**Group Family Child Care Homes:**
-2 caregivers with 7-12 preschool children and up to an additional 5 school age children; may have up to 4 children under 3 years of age.
-Same provider/infant ratios.

Unannounced Inspection Procedure
-All FCCH and GCCH inspected by health and fire departments; inspection by licensing bureau occurs prior to license being granted and 3 times during 3-year license period; at least one inspection/license period is unannounced.

Tracking of License Denials, Revocations or Suspensions
-Denials, revocations and suspensions are tracked indefinitely.

Complaint Procedure
-To file a complaint, write or phone the Bureau of Child Care Licensing and give specifics of the complaint; must be based on first-hand information or child to adult information and should be timely.
-When a complaint is filed, alleging violation of a critical rule, an unannounced investigation begins. Allegations of violations of non critical rules are handled via a phone call to provider and are followed up during the next visit.
-Consequences depend upon severity of violation; Critical violations would be issued, statement of findings, and required to submit corrective action plan, based on risk to child may also require a follow up compliance visit. more serious violations, i.e. abuse/neglect, or repeat serious health and safety violations might result in action against a license. Recently, NH adopted regulations which provide for imposing fines for violations of critical rules.

Provider Qualifications
-Provider must be at least 18 years old (individual 18-21 years of age must have preservice training).
-Physical exams required every 3 years.
-Immunizations are not required for providers or adult household members.
-No information concerning number of references required.
-In-state criminal and child abuse record checks required for provider, staff age

17 and older (16 and older for abuse/neglect checks) and for any resident in home 10 years and older for abuse/neglect check, and age 17 and older for criminal records.

Provider Training and Orientation
-No orientation required.
-First Aid and Child CPR certification is required.
-Providers between 18 and 21 years of age must have completed a two year child care vocational course approved by the State Dept. of Education, or 6 college credits in ECE or human growth development.
-Six hours of on-going training annually for all family child care providers and group family child care providers and workers.
-On-line training is accepted for in-service training. Must meet all training requirements and be given by a regionally accredited college or university or a correspondence course related to ECE. Will accept CPR training as long as the provider receives current certification.

Discipline Policy
-Corporal punishment prohibited as is punishment which is humiliating, shaming, frightening or otherwise damaging to children. Children's behavior supported with positive guidance.

Emergency Medical Consent Policy
-Form is required, but it does not have to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos and/or radon is required only when there is cause to believe there may be a problem. In most cases, when lead or asbestos are found, a notice would be required that the home is free of lead, asbestos exposure hazards.
-No financial assistance is available for the inspection for or remediation of the presence of lead, asbestos.
-No information about pesticide use near family child care homes in rural areas.

Immunization Policy for Children
-Children must be immunized; records must be on file in the home the first day the child attends. The provider is not in compliance with regulations if a child falls behind in immunization status; religious and medical exemptions are allowed.
-Blood lead level screening is not required for entrance into family child care homes.

National Life Safety Fire Code Policy
-The State Fire Marshall has adopted the National Code.

Nutrition Policy
-NH Department of Education is state sponsor for USDA CACFP.
-Providers must assure children are served meals and snacks equal to USDA CACFP guidelines; if parents supply food, providers must supplement as needed or replace forgotten meals and snacks.

Smoking Policy
-Smoking is prohibited in FCCH and GCCH during hours of operation.

Before and After School Programs
-No separate special regulations.
-No overlap time allowed; must be licensed to provide care to school age children; must abide by maximum capacity on license.

Infant Care Programs
-FCCH and GCCH may care for up to 4 children under 3 years of age; if FCCH or GCCH wishes to care for 5 or more children under 3 years of age, he/she must qualify and be licensed as a Child Care Nursery Program.

Programs for Children with Disabilities
-Licensing rules are written to be inclusive, meet needs of all children. No specific regulations regarding children with disabilities.
-Providers must comply with the guidelines of the ADA, although this is not regulated by the BCCL.

Sick Child Care Programs
-Regulations do not allow for the care of mildly ill children.

Tiered Reimbursement for Subsidized Children
-No Tiered Reimbursement program, although licensed providers receive a higher rate than licensed exempt providers.
-In the future, accredited providers may be paid at a higher rate, and in 2003 accredited providers received a stipend of 10% of the amount of scholarship funds they received during the previous year.

Zoning Regulations
-FCCH and GCCH must submit documentation verifying compliance with local ordinances, some of which have changed in regards to inspections and zoning fees.

Available Resources
-Food programs, family day care associations, training organizations, resource and referral organizations, Child Development Bureau.

Local Contact
-New Hampshire Department of Health & Human Services, Office of Program Support, Licensing & Regulation Service, Bureau of Child Care Licensing, call in NH, 800-852-3345 ext. 4624, or outside NH call 603-271-4624.

Pending/New Legislation
-None.

NEW JERSEY (NJ)

Information
Supplied By: Richard Crane, Chief
Bureau of Licensing
Division of Youth and Family Services
P. O. Box 717
Trenton, NJ 08625-0717
PHONE: (609) 984-5602
FAX: (609) 292-6976

Number of Regulated Homes

-5,100 family child care homes.
-Licensor-provider ratio: no exact number available, each sponsoring organization determines the number of staff members needed to carry out the voluntary registration program based on available funds and the number of registered homes in its area.

Definitions and Regulatory Requirements

-Voluntary registration: providers choosing to participate in this program must obtain a Certificate of Registration; renewable every 3 years ($25 fee, which is used by sponsoring organizations to support voluntary registration program). Providers caring for 5 or fewer children do not have to participate in the voluntary registration program and have no regulations or requirements to meet, but do not accrue the benefits of registration, including referrals of consumers through the State Resource and Referral System.
-NJ has a two-tiered system of voluntary regulation:
  -Division of Youth and Family Services (DYFS) inspects and approves FCC Sponsoring Organizations; these organizations then inspect, monitor and register providers; each sponsoring organization has a designated geographical area that it is responsible for (one or more counties).
  -Family Day Care Networks that can be private for profit or non-profit who screen, train and approve family child care homes, but do not have the State contract to issue a registration certificate.
-Providers in substantial compliance with registration regulations may receive a temporary registration for no longer than one year. They must have enrolled at least 1 child before a regular Certificate of Registration can be issued.
-Social security number of provider not required for registration.
-The term "regular" or "regularly" is not applicable.
-"Relative Care" is not defined.
-Provider/child ratio is 1:5; for registered providers 3 additional children are allowed if they reside in the home or are the assistant's or substitute's children; registered providers/infant ratio is 1:3.
-Providers are required to reside in the home in which care is provided.
-Liability insurance is not required, but most networks make it available to providers in their network either by paying the premium for the provider or by

collecting the premium from the provider and sending to the insurance agency.
-State provides Consumer Product Safety Commission data on children's banned equipment to licensing inspectors, who share the information with providers as needed.
-State requires family child care providers to report to licensing the death of a child or an injury that requires hospital admission Not required to report a missing child. Incidents are investigated by licensing inspector or referred for child abuse/neglect investigation as appropriate.
-Informal Care/Kith and Kin: Relatives who provide care for children of TANF participants and other families receiving subsidies must be approved by the Department of Human Services in order to receive payment, unless the relative is a registered family day care provider.
-**No Group Family Child Care Home Category.**
-Programs serving 6 or more children under age 13 are licensed as centers.

Unannounced Inspection Procedure
-Inspections are done prior to certification and then once every 2 years, plus 20% random sample inspected annually.
-When a complaint has been filed, the sponsoring organization's investigation may include a home visit as necessary and this visit is unannounced.

Tracking of Registration Denials or Revocations
-Denials and revocations have been tracked since 1987.

Complaint Procedure
-Complaints may be made by telephone, in writing or in person to the sponsoring organization. Complaints may be made anonymously. Institutional Abuse Investigation Unit in the DYFS receives and investigates complaints alleging child abuse or neglect in registered homes.
-Consequences: The provider is given an opportunity to abate the violations; repeated and/or unabated violations may result in suspension, revocation or refusal to renew the registration.

Provider Qualifications
-Providers must be 18 years old.
-Providers and assistants must submit a medical statement including Mantoux test or chest x-ray.
-Adult immunizations are left up to opinion of physician. No health information is required from other adults who do not care for the children.
-Two written references required.
-Self-disclosure of criminal convictions of the provider, provider substitute, assistant, and all members of the provider household over 14 years of age.
-Screening required for any substantiated allegation of child abuse or neglect.

Provider Training and Orientation
-6 hours of preservice training required; topics include child development, discipline, safety, first aid, health, nutrition, program activities, and parent-provider communication.
-2 hours of on-going training required annually.
-CPR and first aid is not required.
-On-line training is accepted since the regulations do not preclude on-line

training and it is used to supplement group or individual instruction.

Discipline Policy
-Corporal punishment prohibited.

Emergency Medical Consent Policy
-Form is required, but it does not have to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos or radon is not required for registration; no financial assistance is available for inspection for or remediation of the presence of lead, asbestos or radon.
-State regulations do not address the issue of pesticide use near family child care homes located in rural areas.

Immunization Policy for Children
-Registered providers are required to have children's immunization records on file. Parents are responsible for keeping the records current.
-Blood lead level screening is not required for entrance into FCCH.

National Life Safety Fire Code Policy
-Not adopted; safety and fire prevention provisions are included in registration regulations; all homes must meet applicable provisions of the NJ UFC.

Nutrition Policy
-NJ Department of Agriculture is state sponsor for USDA CACFP.
-Nutritious meals and snacks are required at appropriate times; specific menu components are not specified in the family child care registration regulations.

Smoking Policy
-Smoking is prohibited within sight of children; provider must inform parents about smoking by anyone in the home.

Before and After School Programs
-No separate special regulations.
-No policy on time overlap for integration of before and after school children into family child care home caring for young children at other times.

Infant Care Programs
-No separate special regulations. Registration regulations include provisions for additional staff, bottle feeding and diapering procedures.

Programs for Children with Disabilities
-No separate special regulations; providers must comply with the ADA.

Sick Child Care Programs
-No separate special regulations.
-Regulations do not prohibit care for mildly ill children in registered family child care homes. The provider may choose whether or not they want to care for ill children.

Tiered Reimbursement for Subsidized Children

-NJ's program has three tiers. Tier 1: approved homes meeting minimum health and safety standards; Tier 2: registered homes that meet requirements for State's voluntary registration program; Tier 3: registered homes that are accredited by the National Association for Family Child Care (NAFCC).

Zoning Regulations

-Zoning law deems FCCH are a permitted use in residential zones, condominiums, cooperatives and horizontal property regimes.

Available Resources

-Sponsoring organizations offer a variety of resources based on local availability; these may include CACFP, provider associations, insurance plans, private networks, training workshops, lending library, equipment loan.

Local Contact

-Family Child Care Sponsoring Organizations:

-Atlantic County Women's Center	(609) 646-1177
-Bergen County Office for Children	(201) 336-7150
-Burlington County Community Action Program	(609) 261-2323
-Camden County Division for Children	(856) 225-7304
-Educational Information & Resource Center (Cape May)	(856) 582-8282
-Tri-County Child Care Services (Cumberland)	(856) 451-8100
-Programs for Parents (Essex)	(973) 744-4050
-Educational Information & Resource Center (Gloucester)	(856) 582-8282
-Urban League of Hudson County	(201) 459-9999
-NORWESCAP Child Care Resource Services (Hunterdon)	(908) 782-8183
-Child Care Connection, Inc. (Mercer)	(609) 989-7770
-Catholic Charities (Middlesex)	(732) 324-4357
-Child Care Services of Monmouth County	(732) 294-1894
-Child and Family Resources (Morris)	(973) 927-6060
-CHS Child Care (Ocean)	(732) 905-6363
-North Jersey 4-C's (Passaic)	(973) 684-1904
-Tri-County Child Care Services (Salem)	(856) 935-7739
-Catholic Charities (Somerset)	(908) 927-0869
-NORWESCAP Child Care Resource Services (Sussex)	(973) 383-3461
-Union County 4-C's	(973) 923-1433
-NORWESCAP Child Care Resource Services (Warren)	(908) 454-1078

Pending/New Legislation

-None.

NEW MEXICO (NM)

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Number of Regulated Homes
-**167** family child care homes;
-**8,908** voluntary registered homes;
-**204** group family child care homes.
-Licensor-provider ratio: 1:92.

Provider Regulations
-Voluntary Registration is available for legally exempt providers caring for 1 to 4 non resident children.
-Licensing required for providers caring for 5 or more children; $15 annual licensing fee with renewal.
-Temporary licenses are offered for up to 120 days when not all requirements are met.
-Social security number of provider is required.
-The term "regular" or "regularly" not defined.
-"Relative Care" is not defined.
-Licensed providers caring for 5 or 6 children can provide care for no more than 2 under the age of 2, including provider's children under age 6.
-Provider/child ratios: 1:6, infants, toddlers, preschoolers, and school age, maximum of 2 children under age 2.
-The regulation is that licensed providers will reside in the home in which care is being provided.
-Liability insurance not required, but is encouraged.
-Space requirements: Inside --35 sq. ft. of activity area per child. Outside: no space requirement.
-State disseminates Consumer Product Safety Commission data on children's banned equipment through training and technical assistance programs.
-State requires family child care providers to report to licensing the death of a child, a missing child or a child's injury that requires medical care.
-Informal Care/Kith and Kin: No specific guidelines.
-**Group Family Child Care Homes**
-Provider/child ratios 2:7-12, infants, toddlers, preschool, and school age with a maximum of 4 children under age 2.

Unannounced Inspection Procedure
-Inspections occur annually and with follow-up inspections.
-When a complaint has been filed, an unannounced visit takes place, with law enforcement if abuse/neglect.
-Initial visits are scheduled.

Tracking of License Denials or Revocations
-Denials are not tracked, but revocations have been tracked for 10 years.

Complaint Procedure
-To file a complaint, call or write the licensing agency; anonymous complaints are accepted.
-Consequences: depending on seriousness, can range from license suspension or revocation to plan of correction or monetary sanctions.

Licensed Provider Qualifications
-Child care provider must be 18 years old.
-Initial TB test required.
-No adult immunizations required.
-No information about number of references required.
-Criminal record checks and fingerprinting required for provider, other staff, volunteers working on a regular basis, and household members over 18 years old; cost is $34 per person (paid to FBI).
-Volunteers working in a home on a regular basis, assistant caregivers over the age of 18 years and staff members are subject to the regulations and will be counted in child/staff ratio.

Licensed Provider Training and Orientation
-Orientation is not required; state gives technical assistance before a license is issued.
-Preservice training is not required.
-On-going training:
  -A family child care home will keep a training log file including the date of the training, name of the caregiver, hours earned, subject/competency area, source of training and training certificates.
  -Caregivers working for a home will receive at least 12 documented hours of training during each year, including 6 hours in child growth and development, and 3 hours in health, safety, nutrition, and infection control. A caregiver will choose the subject of the 3 remaining hours. A caregiver cannot count more than 3 hours in first aid and CPR training toward the total hours required. Training must be delivered by people who have education and/or experience in the competency area (or areas) in which they train. Employees or relatives of employees who provide training must be prior approved by the Department.
-CPR and First Aid is a separate training requirement; at least one person on duty in the home must be certified in first aid and CPR.
-On-line training is not accepted for in-service nor CPR training.

Discipline Policy
-Corporal punishment prohibited. Discipline will include positive guidance, re-

direction, and clear limits that encourage the child's ability to become self-disciplined.

Emergency Medical Consent Policy
-Forms are required, but they do not have to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos and/or radon is not required for licensing; no financial assistance is available for inspection for or remediation of the presence of lead, asbestos or radon.
-State regulations do address the issue of pesticide use near family child care homes.

Immunization Policy for Children
-Children must be immunized; or a notarized form from public health with approved exemption, provider must not accept or disenroll a child whose records are not current.
-Blood lead level screening is not required for entrance into a family child care home.

National Life Safety Fire Code Policy
-Included as adopted by the state Fire Marshal's Office.
-A home will conduct at least 1 fire drill each month, will hold the drills at different times of the day and will keep a record of the fire drills with the date, time, number of adults and children participating, and any problems.

Nutrition Policy
-NM Family Nutrition Bureau is state sponsor for USDA CACFP.
-Providers must adhere to CACFP guidelines.

Smoking Policy
-A home will prohibit smoking and the drinking of alcoholic beverages in all areas, including vehicles, when children are present.

Before and After School Programs
-Special regulations for activities for school age children are included in addition to the general regulations.
-No provision for overlap time integrating before and after school children in the home; child/staff ratios must be maintained at all times.

Infant Care Programs
-Special regulations for facilities caring for infants are included in addition to the general regulations.

Programs for Children with Disabilities
-No programs or regulations for home providers.

Sick Child Care Programs
-Regulations do not prohibit care of mildly ill children; regulations applicable to sick child care are included with general standards such as isolate ill child and notify parent.

Tiered Reimbursement for Subsidized Children
-Tiered Reimbursement program entitled AIM HIGH; five levels of program development. Levels 1 and 2 are clarifying programs and assist with curriculum and environment. Level 3, $.75 increase per child per day/must have 45 hour entry level course. Level 4, $1.50 increase for lower ratio and group sizes. Level 5, $3 per child per day for national accreditation.

Zoning Regulations
-All facilities must comply with local ordinances.

Available Resources
-CACFP and information on available funding from the Child Care Assistance Office of Child Development - Technical Assistance.

Local Contact
-First contact should be with the state agency.

Pending/New Legislation
-Yearly review of all child care regulations.

NEW YORK (NY)

Information
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Number of Regulated Homes

-10,716 family child care homes.
-3,837 group family child care homes.
-Licensor-provider ratio: a total staff of 301 (excluding fire safety specialist) are responsible for all 4 types of child care programs; therefore we cannot compute a specific family child care provider to licensor ratio.

Definitions and Regulatory Requirements

-Family Child Care Homes:
  -Registration required when caring for 3-6 children; no fee; registration is for two years.
  -Providers caring for 1 or 2 children are legally exempt from regulation; also exempt are providers caring for relative children within the third degree of consanguinity of the parent(s) or step-parent(s).
  -Staff/child ratios: No more than 2 children under the age of 2; no more than 5 children if at least 1 child is under age 2; 2 additional school age children may be cared for with Department approval.
-Social security number is required, but kept confidential.
-The term "regular" or "regularly" means child day care provided on a routine, scheduled basis for specific days of the week, hours of the day or periods of the year for the same child(ren). Does not include drop-in or sporadic care.
-"Relative Care" means care provided by the parent, stepparent, guardian or relative within the 3rd degree of consanguinity of the parents or stepparents of the child.
-Both FCCH and GCCH must be located in an occupied family residence, but the occupant does not necessarily have to be the provider.
-Liability insurance not required for either FCCH or GCCH.
-Parents must have unlimited access to their children while in FCCH or GCCH.
-Space Requirements: None.
-State provides family child care providers with Consumer Product Safety Commission data on banned children's equipment via Video Conference Training, broadcast twice a month, statewide. Licensors and registrars provide technical assistance in this regard and providers are informed about Consumer Protection Internet links and phone numbers.

-State requires family child care providers to report to licensing the death of a child, serious injury or infectious illness of an enrolled child. Not required to report a missing child. Report used to evaluate the incident for investigation. If there is a risk to a child or an allegation of abuse or maltreatment a child abuse report is registered with the State Central Register of Child Abuse and Maltreatment and the local Child Protective unit begins an investigation with 23 hours following receipt of report. The State Office of Children & Family Services also completes a collateral investigation concerning the allegations within one business day of the report.
-Informal Care/Kith and Kin: regulations require that the legally exempt, in order to be enrolled by the social services district, must meet minimum health and safety standards.
-**Group Family Child Care Homes:**
  -License: renewed every two years; no fee.
  -Provisional licenses are not issued under any circumstances.
  -Provider & assistant care for up to 10 children with 1 caregiver for every child under age 2 or up to 12 children if none is under age 2; 2 additional school age children may be cared for before/after school hours with Department approval.

Unannounced Inspection Procedure
-FCCH inspected on a 50% sample basis annually; FCCH & GCCH inspected before initial registration or license. GCCH must be inspected prior to renewal.
-If there is a complaint for non-compliance, homes must be visited unannounced within 15 days; if there is a complaint of imminent danger, homes must be visited unannounced no later than one business day following receipt of compliant. If there is risk of a child or an allegation of abuse or maltreatment, a child abuse report is made to State Central Registrar of Child Abuse and Maltreatment and the local Child Protective unit begins an investigation within 24 hours following receipt of a report.

Tracking of Registration/License Denials or Revocations
-Both denials and revocations are tracked and maintained in computer database for an unspecified period of time.

Complaint Procedure
-To file a complaint, call the statewide 800 child care complaint line or one of 7 regional offices of OCFS and provide information on the provider and the nature of the complaint. If the complaint is about suspected child abuse and neglect, individuals can call the 800 child care complaint line and be referred to the State Central Register of Child Abuse and Maltreatment or call the Register's own 800 number.
-The follow-up procedure depends on the nature of the complaint. All complaints are investigated by the regional child care offices or local agencies acting as our agents. On-site visit if imminent danger (within one day) and/or if regulated provider (within 15 days). If complaint is that the provider is unregistered, written notice of obligation to register is sent within 10 days; investigation is conducted within 15 days of complaint.
-Consequences/penalties for violations depend on the nature of the violation; may include issuance of corrective action plan, temporary limitation/suspension, denial, revocation, suspension or limitation of registration/license and fines.

-If the complaint is that the provider is unregistered, an unannounced visit to the site is conducted within 15 days. Should the provider be found to providing illegal care, a "Cease and Desist" order is served. The procedures for registration and technical assistance are provided to those caregivers who wish to come into compliance.

Provider Qualifications
-Provider must be at least 18 years old.
-Health statements and results of TB test required prior to issuing and renewing registration or license for provider and assistants.
-No other immunizations are required of provider or adult members.
-References required; screening through the state Central Register of Child Abuse and Maltreatment required.
-New law now requires fingerprinting and criminal background checks.

Provider Training and Orientation
-New FCCP must complete 15 hours of training within the first six months of registration and 30 hours of training every 2 years thereafter, applies to providers, alternate providers, assistants and alternate assistants;
-All providers must have 30 hours of training every two years, such training must focus on child development, health and nutrition, program development, safety and security, business management, day care regulations and regulations pertaining to child abuse and prevention.
-FCCH and GCCH providers must also receive Office approved training in health and safety before being licensed or registered for the first time, this training will count toward the providers's overall 30-hour training requirement.
-If a provider can demonstrate competency in a particular required area, they may request to waive that area. However, minimum training across all topics must total at least 30 hours.
-CPR and first aid is not a separate training requirement, but is offered through state funded training as optional training choices for providers.
-On-line training is accepted with prior approval from the Office. No on-line CPR training is accepted.

Discipline Policy
-Corporal punishment prohibited.

Emergency Medical Consent Policy
-Signed forms are required, but they do not have to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos and/or radon is not a requirement of licensing or registration.
-Health and Safety Grant is available to help FCCH and GCCH enhance their programs; these monies could be used for remediation of the presence of lead, asbestos or radon.
-Legislation has been adopted that requires day are programs to provide notice to parents 48 hours prior to the application of pesticide to their grounds and buildings.
-Regulations require that poisonous or toxic materials be used in such a way that they do not contaminate play surfaces, food or food preparation areas, or

constitute a hazard to children.
-Regulations that providers must certify that the dwelling, its property and premises and the surrounding neighborhood and environment are free from environmental hazards. Such hazards include but are not limited to: dry cleaners, gas stations, nuclear laboratories or power plants, property designated as a federal clean-up site and any property with known contaminated ground or water supplies. The dwelling, its property and premises, and the surrounding neighborhood must meet applicable standards for sanitation and safety.

Immunization Policy for Children
-Children, including the provider's own children, must be immunized; providers must maintain current records.
-Blood lead level screening is not required for entrance into a registered or licensed family child care home; however, Public Health Law requires that providers make parents aware of the need for lead screening.

National Life Safety Fire Code Policy
-Effective July 2002, the New York State Uniform Fire Prevention and Building Code is replaced by the International Building Code and is effective for all New York State local, county and state governments.

Nutrition Policy
-NYS Department of Health is the state sponsor for USDA CACFP.
-Regulations require providers to provide plentiful and nutritious meals and snacks which meet the nutritional needs of the children, as per USDA.

Smoking Policy
-Smoking is prohibited in indoor areas, in outdoor areas when children are present and in vehicles while children are present.

Before and After School Programs
-No provision for overlap time.
-Separate regulations for school-age child care programs.

Infant Care Programs
-No separate special regulations.

Programs for Children with Disabilities
-No special regulations; general prohibition against refusal to admit a child with a disability if he/she is eligible for admission, could benefit from participation, and reasonable modifications can be made to accommodate child.
-Providers must comply with the guidelines of the ADA.

Sick Child Care Programs
-See New Legislation Section for new administration of medications regulations.
-Regulations do not prohibit the care of mildly ill children in FCCH and GCCH homes as long as minor modifications are made to accommodate a child's illness.

Tiered Reimbursement for Subsidized Children
-Local Social Service District may pay above the market rate ceilings for accredited program with private fees in excess of those ceilings.

-The Office offers support to programs seeking accreditation through grants.

Zoning Regulations

-FCCH must comply with local ordinances as they apply to family residences in the community.
-GCCH must comply with local ordinances as they apply to family residences in the community.

Available Resources

-Registered and licensed providers are eligible to receive: technical assistance from regional office staff and from Child Care Resource and Referral agencies; training, including videoconferencing, at minimal or no cost; scholarship funds (if income-eligible) for credit bearing and non credit bearing college courses, workshops, conferences, and/or nationally-recognized credentialling programs; and health and safety grant opportunities.

Local Contact

-Individuals interested in becoming providers should contact the Bureau of Early Childhood Services regional office in their area; there are 7 regional offices across NYS. In New York City, contact the NYC Dept. of Health.

Pending/New Legislation

-The Office has promulgated emergency regulations relative to administration of medications in child care programs. Principal features of the regulations are:
  -Programs that offer administration of medication (other than solely over-the-counter topical ointments and lotions) will be required to designate the staff or caregiver who will be authorized to administer medications.
  -Designated staff and caregivers must receive an OCFS provided or OCFS approved training in administration of medications. Staff recertified every 3 years.
  -Programs that offer administration of medications will be required to have a health care consultant who must review and approve the programs health care plan for administration of medication. Consultant will also be required to visit the program to review the program's compliance with the health care plan at least once every two years.
  -Child care staff and caregivers other than those with appropriate professional license (nurses) will not be permitted to administer medication through injection except for epi-pens. Arrangements for injectable medications may be approved in specific circumstances under guidance of child's medical provider.
  -Trained staff and caregivers will be permitted to administer prescription and over-the-counter medication under written instructions from prescriber and with written permission from the parent.
  -Any child care staff will be permitted to administer over-the-counter topical ointments and lotions with written permission of the parent. Special training and approval from the health consultant not required.
  -Regulations require documentation of administration of medication, proper storage and handling of medications. Specific information will be required to be provided on the medication bottle and to the child care program.
  -These new standards apply to ALL regulated forms of child care as well as to legally exempt child care providers who are providing publicly subsidized care.

NORTH CAROLINA (NC)

Information
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Number of Regulated Homes
-4,966 family child care homes.
-Licensor-Provider ratio: 1:94.

Definitions and Regulatory Requirements
-License required for any person providing care for 3-5 preschool age children (including infants); licensed home may also care for 3 additional school aged children (maximum of 8 children at any one time including provider's own preschool age children; no fees.
-Providers caring for 1-2 unrelated children are legally exempt from regulation; also exempt are homes caring for only children related to the caregiver.
-Provisional licenses may be issued for no longer than 12 consecutive months; operation must be making a reasonable effort to comply.
-Provisional could be issued for taking action to correct any violation. Special provisional licenses may be issued in situations involving substantiated child abuse or child neglect.
-After a licensed home has been in operation for a minimum of 6 consecutive months, they may request that a rating be changed to a 2-5 star rating. Each part of the rated license (program standards, education standards, and compliance history) will be worth up to 5 points. The star rating will be based on the total points for all three areas. 1 star= 3-4 points, 2 stars= 5-7 points, 3 stars= 8-10 points, 4 stars= 11-13 points, 5 stars= 14-15 points. (Example: A family child care home scores 2 points in program standards, 3 points in education standards, and 4 points in compliance history. The total is 2+3+4=9 points. The home could get a three-star rating).
-Family child care homes will provide activities and play materials that are safe and that meet children's needs and offer nutritious meals and snacks.
-The term "regular" or "regularly" refers to any child who receives care for more than 4 hours per day, more than 1 day per week attends/is enrolled in program.
-"Relative Care" means related by birth, marriage, or adoption.
-FCCH are required to meet minimum health, safety, and sanitation regulations.
-Social security number of provider is requested on the license application.
-Liability insurance not required.
-Space requirements: None for FCCH.
-State disseminates Consumer Product Safety Commission data on banned children's

equipment to licensing consultants, local CCR&Rs and post on Division's website.
-State requires providers to report to licensing the death of a child, a missing child or a child's injury that requires medical care. Licensing is mandated to visit any program where a child died. Report on children receiving medical is used for statistical purposes to help determine if there needs to be new training or stricter requirements in specific areas.
-Informal Care/Kith and Kin: If the relative receives a subsidy then there are minimum regulations. No visit required.
-**NC has no group/large home classification.**

Unannounced Inspection Procedure
-Annual licensing visits are unannounced and whenever a complaint is received.

Tracking of License Denials or Revocations
-Both have been tracked since 1993.

Complaint Procedure
-The Child Care Consultant responsible for that area/home visits to investigate reports of illegal operation and general noncompliance. The investigation of abuse/neglect allegations is done by the Abuse/Neglect Unit.
-NC law requires operators to be given an opportunity to comply. If the situation is extremely hazardous, however, permit can be suspended or an injunction sought. Other penalties include: written warnings, written reprimands, provisional permit, probational status, civil penalties, revocation, denial.

Provider Qualifications
-FCCH provider must be 21 years old and have a High School diploma or equivalent.
-Additional experience, training and education required for the 2-5 star rated license.
-Must have TB tests and complete a health questionnaire.
-Criminal history checks required; providers can have no criminal records of child abuse nor any behaviors or habits that may be harmful to children (e.g., drug or alcohol abuse).
-Criminal record checks for all household members over age 15 who are present when children are in care; applies to family child care homes and nonlicensed homes approved to receive subsidy. Applies to new providers licensed after 3/1/98 only.

Provider Training and Orientation
-FCCH preservice training: CPR and first aid, and 12 hours of training annually if they have less than 10 years of work experience as a caregiver in a regulated child care arrangement and 8 hours of training if they have 10 years or more of work experience as a caregiver in a regulated child care arrangement.
-On-line training is not accepted for in-service nor CPR; if college credit is provided (verified by transcript) it is accepted. Exploring on-line an option.

Discipline Policy
-Corporal punishment, and other negative forms of discipline which are threatening, frightening, or otherwise unduly harsh are prohibited.

Emergency Medical Consent Policy
-Form is required; do not have to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos and/or radon is not a requirement for licensing; no financial assistance is available for the inspection for or remediation of the presence of lead, asbestos or radon.
-State regulations do not address the issue of pesticide use near family child care homes located in rural areas.

Immunization Policy for Children
-Children are required to be immunized by public health laws; providers are responsible for ensuring that children are fully immunized prior to enrollment and are kept current. Records must be kept on file.
-Blood lead level screening is not required for entrance into a licensed family child care home.

National Life Safety Fire Code Policy
-Not adopted.

Nutrition Policy
-NC Department of Maternal and Child Health is state sponsor for USDA CACFP.
-State regulations require nutritious meals and snacks (not just a policy).

Smoking Policy
-Smoking is allowed in FCCH without restriction.

Before and After School Programs
-State law exempts day care arrangements that operate less than 4 hours per day. If before/after school hours total less than 4, no regulation required.

Infant Care Programs
-No separate special regulations.

Programs for Children with Disabilities
-No separate special regulations.
-Providers must comply with the guidelines of the ADA.

Sick Child Care Programs
-Regulations prohibit care of mildly ill children.

Tiered Reimbursement for Subsidized Children
-Tiered reimbursement plan pays Quality Bonuses for the 2-5 star rated license. A one star license receives Market Rate; an additional bonus is paid per star from 2-5 stars.
-If FCCH has national accreditation, they are not required to have an environment rating scale completed to receive 3 points or higher in the statewide program component of the rated license system.

Zoning Regulations
-Must comply with local ordinances.

Available Resources
-Information about CACFP and local associations, if they exist, are shared.

Local Contact
-Division of Child Development (919) 662-4499 or 1-800-859-0829 for in-state calls only.

Pending/New Legislation
-New Legislation:
-1) Adding definitions and qualifications: (a) additional caregiver in a FCCH, an individual who provides care on a regular basis of at least once per week, while the operator is not on the premises. They must meet all requirements that an operator meets; (b) substitute caregiver in a FCCH, an individual who provides care during planned absences of the operator, such as vacations and scheduled appointments; must be 21 yrs old, have a high school diploma or GED, have completed a first aid course, completed health questionnaire, negative TB test, completed within 12 months prior to first day of providing substitute care and submit criminal records check forms; (c) emergency caregiver in a FCCH, an individual who provides care during unplanned absences of the operator, such as medical emergencies; must be 18 yrs old and submit criminal records check forms.
-2) Adding a definition of who is too sick to be left in FCCH, the operator may provide care for a mildly ill child who has a Fahrenheit temperature of less than 100 degrees axillary or 101 degrees orally and who remains capable of participating in routine group activities and is not contagious.
-3) Adding that to be approved for transportation a person must be 18 years old and had no convictions of a DWI within the past 3 years.

NORTH DAKOTA (ND)

Information
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Number of Regulated Homes
-**485** licensed family child care homes.
-**841** voluntary self-certified/standard compliance family child care homes.
-**828** group family child care homes.
-Licensor-provider ratio: varies.

Definitions and Regulatory Requirements
-**Family Child Care Homes**
-License required for more than 5 children, or for 4 children under 24 months of age; license fee is $35 for two years; money is used to offset expense of child care licensing worker.
-Provisional licenses are available for FCCH.
-Voluntary self-certification for 1-5 children; self-certification process; providers agree to maintain basic heath and safety standards.
-Providers caring for 1-5 children are legally exempt from required regulation.
-Social security number of provider is required.
-The term "regular" or "regularly" is not defined.
-"Relative Care" is same as Federal definition.
-No more than 7 children allowed in a FCCH plus 2 additional school age children before and after school.
-Parents must make pre-enrollment visit and have free access to home.
-Providers are not required to reside in the home used for care.
-Substitute caregivers required; child abuse and neglect investigation conducted.
-Space requirements: 35 sq. ft. inside; 75 sq. ft. outside.
-Liability insurance is not required.
-State distributes to regulatory staff Consumer Product Safety Commission data on banned children's equipment.
-State requires family child care providers to report to licensing the death of a child, a missing child or a child's injury that requires medical care.
-Informal Care/Kith and Kin: No specific guidelines.
-**Group Family Child Care Homes:**
-Must be licensed with annual renewal; fee is $25.
-Providers may care for 8 - 18 children.
-Staff-child ratios: 1:4--under 2 1:10-4 years
1:5--2 years 1:12-5 years
1:7--3 years 1:18-6 years and up

Unannounced Inspection Procedure
-County social services office does inspections.
-All facilities are inspected prior to licensure and 1 annual unannounced visit.

Tracking of License Denials or Revocations
-Both denials and revocations are tracked.

Complaint Procedure
-Complaints can be filed at the County, Regional, or State Early Childhood Service Offices or CCR&R Offices. A Child Care Concern form is completed, which is then investigated and tracked by the County, Regional, and State ECS Offices for substantiated complaints.
-When a complaint has been filed, there are several procedures depending on the nature of the complaint; correction order, revocation or injunction, fiscal sanctions, or immediate correction order.
-Immediate consequence and long term penalty for violations is revocation, suspension, or injunction.

Provider Qualifications
-Self-certified provider must be at least 18 years old; assistant caregivers must be 14 years old.
-Mentally, physically, and emotionally capable of providing care for children.
-No criminal records check but a Child Abuse and Neglect check required for all household members over 12 years of age.

Provider Training and Orientation
-Preservice training is in development; education requirements vary for different levels of care.
-6 Hours of Basic Child Care Training required during first year.
-On-going training: GCCH: Supervisor - 10 hours training per year.
- FCCH: Caregiver - 9 hours training per year.
-CPR and First Aid are separate requirements for all providers.
-On-line training may be accepted depending upon topic, limited in hours. No on-line CPR training.

Discipline Policy
-Corporal punishment prohibited.
-Time out, diversion, separation from problem, talking with child about problem, praise for appropriate behavior, and gentle physical restraint are encouraged.

Emergency Medical Consent Policy
-Form is required, but it does not have to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos and/or radon is not a requirement for licensure; testing only occurs if something seems questionable.
-No financial assistance available for the inspection for or remediation of the presence of lead, asbestos or radon.
-State regulations do not address the issue of pesticide use near family child care homes located in rural areas.

Immunization Policy for Children
-Children must be immunized; provider is responsible to maintain records current.
-Blood lead level screening is not required for entrance into a child care home.

National Life Safety Fire Code Policy
-Local agencies adopt their own codes; NLSFC enforced in most of the state.

Nutrition Policy
-ND Department of Public Instruction is state sponsor for USDA CACFP.
-All children present at mealtime shall be served a nutritious meal, including food from each of the four basic food groups; adequate amounts must be provided.

Smoking Policy
-Smoking is not permitted in an early childhood facility at any time during which a child who receives early childhood services from that facility is present and receiving services.

Before and After School Programs
-School Age Child Care rules went into effect January 1999.
-The overlap policy is that 2 extra school age children are allowed before and after school over license capacity for FCCH only.

Infant Care Programs
-No separate special regulations.
-Minimum requirements in GCCH.

Programs for Children with Disabilities
-No separate special regulations.
-Providers must comply with the guidelines of the ADA.

Sick Child Care Programs
-Regulated by Health Department. No state regulations. The only sick child care is provided in local hospitals as part of their service to the community.
-Regulations for family child care allow for care of mildly ill children, provider must have a written plan for doing so.

Tiered Reimbursement for Subsidized Children
-No program in place for quality enhancements, however, a higher rate of is paid to licensed providers than paid to that are self-certified.

Zoning Regulations
-FCCH and GCCH must comply with local ordinances.

Available Resources
-CCR&R, CACFP, and information about local associations.

Local Contact
-County Social Services.

Pending/New Legislation
-None.

OHIO (OH)

Information Supplied By:

Type A

Carol Ann Ankrom, Chief
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Type B

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Number of Regulated Homes

-8,874 Type B Professional family child care homes.
-5,479 Type B Limited child care homes.
-28 In-home aides certified.
-106 Type A group child care homes.
-Licensor-provider ratio: 1:75 (Type A Homes and Centers).

Definitions and Regulatory Requirements

-Family Child Care Homes Professional Certification (Type B)
 -Certification is required for homes that receive public funds; valid for 1 year and renewed based on county inspection findings. Homes are inspected twice a year.
 -Type B homes care for 1-6 children including related children under 6 years of age and no more than 3 may be under 2 years of age. Provider's own children 6 years or older are not counted in the six total.
 -FCCH caring for 6 or fewer children and are not receiving public funds are exempt from regulation by law.
 -Space requirements: 35 sq. ft. indoors; 60 sq. ft. per child using space at a time outdoors.
-Homes must be the personal residence of the provider by definition of the law.
-State provides Consumer Product Safety Commission data on banned children's

equipment to all licensing specialists and ODJFS child care staff to share with providers.
-State requires providers to notify ODJFS on the death of a child, a missing child or a child's injury that requires medical care. Responses are tracked in a database.
-**Family Child Care Home Limited Certification: (Type B)**
-This limited certification is issued to adult providers who provide child care for public funded children who are great grandchildren, grandchildren, nieces, nephews or siblings of the provider or the parent's children who are a grandchild, child, niece, or sibling of the provider or a non-relative who cares for the children of only one family.
-Homes are inspected once a year.
-Certification is valid for two years.
-No space requirements.
-Liability insurance is not required.
-Homes must be the personal residence of the provider by definition of the law.
-Informal Care/Kith and Kin: Also known as "Parent Provider Inspected" (PPI). Parent/Provider means the parent and provider complete an inspection of the provider's home and verify in writing that the provider's home is in compliance with health and safety requirements in accordance with ODJFS ("Type B family child care home limited and In-home Aide Limited Certification Application and health/safety form.") The provider and all adults in the home are exempt from the criminal records check.
-**Group Family Child Care Homes (Type A):**
-Licensing required for homes caring for 7-12 children including children related to licensee under the age of 6, or 4-12 children when more than 3 are under 2 years.
-Provisional license in Type A homes is issued for 180 days.
-Initial fee of $50 for license and a $25 renewal fee; licenses must be renewed every 2 years.
-Social security number of provider is not required.
-The term "regular" is not defined.
-"Relative Care" definition: see Type B above.
-Space requirements: 35 sq. ft. indoors; 60 sq. ft. per child using space at a time outdoors.
-Liability insurance is not required by ODJFS.
-Homes must be the personal residence of the provider by definition of the law.

Unannounced Inspection Procedure
-All homes inspected twice a year, at least one unannounced.
-When complaint has been filed, an investigation must begin within five working days of receipt of a complaint; if complaint alleges an immediate risk to children, the investigation shall begin within 24 hours of receipt of the complaint.

Tracking of Certificate/License Denials or Revocations
-Both denials and revocations are tracked for Type A homes; records go back five years for Type A homes.
-In Type B homes, County Dept. of Jobs and Family Services are currently tracking denials and revocations.

Complaint Procedure
-Complaints involving Type B homes are to be made to county departments of jobs and family services.
-If complaint alleges child abuse/neglect, county director shall immediately report it to public children services agency.
-Consequences: could ultimately lead to revocation of license or certificate, or criminal prosecution of individual perpetrators.
-Complaints involving Type A homes are to be directed to ODJFS field licensing offices.

Provider Qualifications
-Provider must be at least 18 years old.
-Provider must be immunized against measles mumps, rubella, tetanus and diphtheria; TB test also required.
-Signed statement from provider and family members over 18 that they have no criminal record of acts involving children.
-Type A are required to have 3 references.
-Type B Professional providers are required to have 3 written references.
-Type B Limited, no references.
-Type A home personnel and other adults in home must satisfactorily complete a criminal records check.
-Type B providers and adults in home satisfactorily complete a criminal records check.
-P.P.I. (Parent Provider Inspected) providers who are relatives or non-relatives providing care for only one family the criminal background checks not required.

Provider Training and Orientation
-Type A Homes:
 -No orientation or preservice requirement for personnel in Type A homes.
 -Personnel in Type A homes must have a high school diploma and, unless educationally exempt, must complete 15 hours in-service training annually until 45 hours are completed.
 -Each home must have one person who has completed CPR and first aid training on the premises at all time.
 -The administrator (director) of the Type A home must have a high school diploma, 2 years child care experience or college, and, unless educationally exempt, must complete 15 hours in-service training annually until 45 hours are completed in 4 areas: child development, first aid, common childhood illnesses and child abuse prevention.
-Type B Homes:
 -No orientation or preservice requirement for personnel in Type B homes.
 -Personnel in Type B homes must complete 12 hours of in-service training during first year of certification and 6 hours annually thereafter. First aid and CPR certification must be kept current.
 -In addition, each provider must complete a 6 hour Health and Safety in Family Day Care course during first year of certification.
 -On-line training accepted for 3 hours or 1/2 of required hours with prior approval from ODJFS. No on-line CPR training accepted.
-Type B Limited:
 -Provider must complete 6 hour Health & Safety Family Child Care Course.

Discipline Policy
-Written discipline policy statement must be signed and approved by parents; spanking not permitted in certified Type B homes.
-Written discipline policy must be provided to parents and staff of Type A homes; spanking is not permitted.

Emergency Medical Consent Policy
-Form is required, but it does not have to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos and/or radon is not a requirement of certification or licensing; no financial assistance is available for the inspection for or remediation of the presence of lead, asbestos, or radon.
-State regulations do not specifically address the issue of pesticide use near family child care homes in rural areas, but does have general language regarding need for safe and sanitary conditions.

Immunization Policy for Children
-Children are required to be immunized to meet State Dept. of Health requirements; ODJFS shall ensure the child's immunizations are current.
-Blood lead level screening is not required for entrance into either Type A or Type B homes.

National Life Safety Fire Code
-Not adopted.

Nutrition Policy
-OH Department of Education is state sponsor for USDA (CACFPMR) Child Care Food Program Meal Requirements.
-Requirements follow USDA guidelines.

Smoking Policy
-Smoking has been banned in Type A, Type B homes and child care centers, except as otherwise provided in Section 5104.015, smoking has been prohibited in all certified and/or licensed child care facilities. A child day-care center, type A family day-care home, or certified type B family home may allow persons to smoke at the center or home during its hours of operation if those persons cannot be seen smoking by the children being cared for and if they smoke either of the following: (1) An indoor area that is separately ventilated from the rest of the center or home; (2) An outdoor area that is far removed from the children being cared for that they cannot inhale any smoke.

Before and After School Programs
-Those that meet the definition of child care are required to be licensed either by ODJFS or the Ohio Department of Education.

Infant Care Programs
-Homes rules have special provisions for care, feeding, and safety of infants.
-Child care licensing requires same as above for facilities and Type A Homes.

Programs for Children with Disabilities
-Care of children with disabilities or health conditions must have a written plan for the care of that child which must be approved by the parent and provider.
-Provider must comply with the guidelines of the ADA, but it is not a condition of licensure.

Sick Child Care Programs
-Other than a cold and minor symptoms, isolate the child and observe. If more serious symptoms arise, call parents and send the child home.
-A provider in Type B Professional, Limited or PPI's may choose to care for mildly ill children as long as the child is isolated and kept in full sight of the provider.

Tiered Reimbursement for Subsidized Children
-Child care providers that have attained accreditation may be reimbursed at a rate up to five percent (5%) higher than the established ceiling for each provider type.
-Child care providers who offer non-traditional hours or care for children with special needs may be reimbursed at a rate up to 5% higher than the established ceiling.

Zoning Regulations
-Type A homes may be excluded by zoning requirements; they face same zoning requirements as centers.
-Type B homes can operate in any neighborhood zoned residential.

Available Resources
-CACFP. Provider start-up kits when requested (includes fire extinguisher, first aid kit), loan of equipment (cribs, playpens).
-Grants or loans available to start up or expand child day care homes.

Local Contact
-For Type A homes: State Department of Job and Family Services.
-For Type B homes: County Department of Job and Family Services.

Pending/New Legislation
-Type A Home rules revision with an effective date of 7-1-03.

OKLAHOMA (OK)

Information
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Number of Regulated Homes

-3,755 family child care homes;
-803 large family child care homes.
-Licensor-provider ratio: licensors carry mixed caseloads of centers and homes. Recommendation from a workload analysis was 1:58 cases, including other responsibilities like parent referrals and training. Current caseload average is 1:60.

Definitions and Regulatory Requirements

-Licensing required; no fee; licenses is non-expiring.
-One-year provisional licenses can be issued if the caregiver is unable to comply with requirements, usually for a physical structure improvement that is costly.
-Social security number of provider is required.
-The terms "regular" or "regularly" are not defined; law exempts "informal" arrangements which parents make independently with neighbors or friends for occasional care of children.
-"Relative Care" is care provided by relatives. This type of care and care in the child's own home is exempt from licensing.
-Provider/child ratios:
 -Maximum of 7 children, including provider's own children under age 5, foster children 12 years of age or under and children of substitute or assistant.
 -When one caregiver is present, the following guidelines on the ages and total number of children in care that shall be complied with are:

Total	Under 2 Years	2 Years and Older
7	0	7
7	1	6
7	2	5
6	3	3
5	4	1
5	5	0

 -Two caregivers must be present and providing care when (1) 7 children are in care and more than two children are under two years of age; or (2) six children are in care and more than three children are under twos years of age.
 -Additional staff provisions are made for enrollment of children with disabilities who require individual attention.
-Providers must reside in the home used to provide care.
-Liability insurance required for transportation.

-Substitute caregiver required; does not have to be licensed, must be 18 years.
-Space requirements: 35 sq. ft. per child indoors; 75 sq. ft. outdoors.
-State disseminates to family child care providers Consumer Product Safety Commission data on banned children's equipment via quarterly journal.
-State requires providers to notify licensing the death of a child, or a child's injury that requires medical care. Providers not required to report a missing child. Information used to determine if the provider responded appropriately or if the provider was in any was responsible.
-Informal Care/Kith and Kin: Oklahoma does not pay for relative care unless the relative is caring for additional children and is licensed.
-**Large Family Child Care Homes:** Licensing required, capacity is 8-12 children.
One caregiver may care for (a) up to 5 children any age; (b) up to 6, with no more than 3 under age 2; (c) up to 7 with no more than 2 under age 2; (d) up to 7, all over age 2; (e) up to 8, if all are age 3 and older; (f) up to 10, if all are age 4 and older; (g) up to 12, if all are age 5 and older.
Two caregivers may care for (a) up to 8 children under age two; (b) up to 12, with no more than 6 under age 2.
Three caregivers may care for up to 12 children, with no more than 8 children under age 2.

Unannounced Inspection Procedure
-Inspections of homes occur initially and three times per year.

Tracking of License Denials or Revocations
-Both denials and revocations are tracked for at least one year.
-When the Department denies or revokes a license, the caregiver is prohibited from operating a child care facility for 5 years.

Complaint Procedure
-To file a complaint, contact either verbally or in writing a licensing representative--may be anonymous.
-An unannounced monitoring visit is made when a complaint has been filed; usually within 1 week or sooner if the allegation involves risk to children. Risk levels are defined; Risk Level 1 allegations are investigated within 24 hrs
-Consequences: Immediate - plan of correction, notice to comply, follow-up visit, emergency order to close facility; Long term: revocation of license.

Provider Qualifications
-Provider must be 18 years old; assistant caregiver at least 16 years old.
-Caregiver and all members of the household shall be in good physical and mental health; If a condition could negatively impact the care of children, a physician's statement shall be requested.
-No adult immunizations required.
-Three written references required.
-Criminal record checks required for providers and all adults living in the home; child abuse clearances required for provider and spouse.
-Large family child care home providers must be 21 years old; assistant must be 16, no children may be left alone in care of anyone under age 21.
-Must have 2 years full-time experience in a licensed or legally exempt child care setting and a high school diploma or GED; OR 1 year satisfactory full-time experience in a licensed or legally exempt child care setting and meet one of

the of following: (a) high school diploma or GED and 12 college credit hours child development or ECE. (b) vo-tech occupational child care program diploma. (c) CDA credential.(d) associate or bachelor degree in child development or ECE.

Provider Training and Orientation
-No preservice training is required for family child care provider.
-12 hours per year in "job related" training/Training in disease and injury prevention, health and safety issues for infants and toddlers, first aid, CPR and use of a fire extinguisher must be completed within six months of application.
-Large home provider is required to complete 30 hours of training every 2 years by obtaining 15 clock hours annually; assistant is required to complete 24 hours every two years by obtaining 12 clock hours annually.
-Within 2 year prior to license, the caregiver must have completed all health and safety training;
-Must have documentation of current CPR and first aid prior to initial permit.
-On-line training is accepted for in-service requirements if the training is interactive it is considered as "formal" training; if not interactive it is considered "self-directed" and is limited to 6 hours per year. No on-line training is accepted for CPR.

Discipline Policy
-All forms of corporal punishment prohibited.

Emergency Medical Consent Policy
-Form required, but it does not have to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos, and/or radon is not required for licensing; no financial assistance is available for inspection for or the remediation of the presence of lead, asbestos or radon.
-When not on a public water supply, water shall be tested initially for lead and annually for bacteria and nitrates.
-State regulations do not address the issue of pesticide use near family child care homes located in rural areas.

Immunization Policy for Children
-Children must be immunized; provider must maintain health records including current immunization record; now also includes HIB (Hemophilus Influenza Bacteria, Type B), Hepatitis A, Hepatitis B, and Varicella.
-Blood lead level screening is not required for entrance into licensed homes.

National Life Safety Fire Code
-No policy; family child care homes shall meet any local minimum building codes and in localities where a building code does not exist, construction shall conform to the current state building code.
If care is provided on the second floor of a multi-family dwelling, the structure shall meet the life safety provisions for multi-family occupancies.

Nutrition Policy
-OK Department of Education is state sponsor for USDA CACFP.

-Balanced meals providing 1/3 of daily nutritive requirements; mid-morning and mid-afternoon snacks; caregiver must provide food for all children able to eat regular food.

Smoking Policy
-Smoking and tobacco products are prohibited in areas where children are in care.
-Parents are informed upon enrollment of the presence of smokers in the home.

Before and After School Programs
-No separate special regulations; overlap time not allowed.

Infant Child Care Programs
-Special additional regulations for infants and toddlers in areas of supervision, routine, observation, bottle feeding, diaper changing, and toilet training.
-Infants must be placed on back for sleeping.

Programs for Children with Disabilities
-No separate regulations.
-Providers must comply with the guidelines of the ADA.

Sick Child Care Programs
-Regulations allow for care of mildly ill children with restrictions.
-Sick child is isolated and parents are notified; caregiver determines whether or not to provide care depending on the apparent degree of illness, other children present, and facilities available to care for the ill child.

Tiered Reimbursement for Subsidized Children
-There is a Tiered Reimbursement program, which consists of 4 star levels. One star programs meet minimum licensing requirements; one star plus certification provides a transitional level for a maximum of 24 months; two star programs must meet additional quality criteria, including minimum qualifications, annual training, parent involvement and program evaluation (FDCRS); three star programs must meet two star criteria and be nationally accredited.
-Accredited FCCH can be certified as a two or three star facility. One star plus, two and three star homes receive increased reimbursement and recognition.

Zoning Regulations
-FCCH must comply with local ordinances.

Available Resources
-Family child care homes receive a monthly newsletter for home providers and a quarterly journal, annual family child care conference, local associations [if available], training voucher to attend a statewide early childhood conference, videotapes, training opportunities, Good Health Handbook, equipment catalogs, handouts on home safety, car seats, daily activities, behavior/guidance, sample menus; and information on CACFP.
-Scholarships for college or technical school training and credential fees are available for providers and staff in child care homes.
-Salary Supplement Program to encourage and recognize continued education of teachers, directors and home providers and reduce staff turnover.

Local Contact
-Department of Human Services.
-Licensing staff is headquartered in 50 of 77 county offices.

Pending/New Legislation
-None.

OREGON (OR)

Information
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Child Care Licensing Unit
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Salem, OR 97311
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Number of Regulated Homes

-5,261 registered family child care homes.
-196 certified (group) family child care homes.
-Licensor-provider ratio: 21 licensors statewide for certified child care homes and centers; 22 licensors involved with registered family child care homes.

Definitions and Regulatory Requirements

-Registration required for family child care homes that care for more than 3 children from more than one family at one time.
-Providers caring for 1-3 children are exempt from regulation as well as a provider caring for children from one family.
-Registration renewed every 2 yrs via the mail; $30 fee.
-The terms "regular" or "regularly" are not defined; however, "occasional" is defined as infrequently or intermittently, including, but not limited to care that is provided during summer or other holiday breaks when children are not attending school, but not to exceed 70 calendar days in a year. Persons providing occasional care are exempt from registration.
-"Relative Care" is defined in statute as a person related to the child by blood or marriage within the fourth degree as determined by civil law.
-Social security number of provider is asked on the application, but shown as voluntary; required to receive subsidies through other state agencies.
-Maximum number of children is 10; 6 preschool children, and 4 school age, including provider's own; restrictions apply to ages of preschool children.
-Provider is required to reside in the home used to provide care, unless an exception is approved.
-Liability insurance not required for FCCH or GCCH.
-Space requirements: none.
-State provides field staff with Consumer Product Safety Commission data on banned children's equipment. Staff will give to providers when necessary.
-State requires all family child care providers to report to licensing the death of a child or a child's injury that requires medical care. Not necessary to report a missing child. Information collected for federal reporting purposes.
-Informal Care/Kith and Kin: Providers must complete criminal record and child protective records check; self-certify they meet basic health & safety standards.
-**Certified (Group) Family Child Care Homes:**
-Required to be certified; $25 initial (one time) fee plus $2 per slot.

-(a) 1-12 children of same age grouping meet following staff ratios:
  -1:4 (children 6 weeks to 24 months)
  -1:10 (children 24 months to eligible for 1st grade)
  -1:12 (children eligible for 1st grade and above)
-(b) 1-12 children of blended age groups (6 wks - 12 yrs) meet following ratios:
  -1:8 (1 under 24 months and 7 any age over 24 months)
  -1:7 (2 under 24 months and 5 any age over 24 months)
  -1:6 (3 under 24 months and 3 any age over 24 months_
  -1:4 (4 under 24 months)
-(c) 1-12 children of blended age groups (24 mos-12 yrs) meet following ratios:
  -1:12 (12 school-age children)
  -1:12 (1 between 24 mos and eligable for 1st grade and 11 school-age)
  -1:10 (2 between 23 mos and eligble for 1st grade and 8 school-age)
  -1:10 (3-9 between 24 mos and eligble for 1st grade and the balance school-age);
  -1:10 (10 between 24 mos and eligible for 1st grade)
-(d) Not withstanding staff/child ratios specified in (a),(b) & (c) above, a certified family child care provider may care for 10 children ages 6 weeks to school age if:
  -(A) no more than 6 children are pre-school age or younger, including provider's own children and any staff children; (B) of the 6, only 2 children are under 24 mos. of age; and (C) 4 of the children are school-age.
-Certified under rules specifically for this type of facility.

Unannounced Inspection Procedure
-Home inspection is made by CCD and local sanitarian for GCCH.
-For FCCH, complaint investigations
-For GCCH, complaint investigations and monitoring visits
-Announced Inspections: Health and safety review for initial FCCH
-Home inspection (initial and renewal) made by CCD and local sanitarian for GCCH

Tracking of Registration/License Denials or Revocations
-Both denials and revocations are tracked in database for an indefinite period of time.

Complaint Procedure
-To file a complaint, call CCD field staff for GCCH or statewide 800 number for FCCH.
-When a complaint has been filed, CCD responds by mail, telephone call or a visit, depending upon the nature of the complaint.
-Consequences: range from complaint letter added to providers public record to corrective action plan to suspension.

Provider Qualifications
-Registered and Certified provider must be at least 18 years old.
-Provider of GCCH must be responsible for the operation, including those duties ordinarily considered to be administrative. These include, but not limited to financial management, maintaining records, maintenance of the building and grounds, meal planning and preparation, compliance with certification requirements, communications with CCD and correcting deficiencies.
-GCCH provider shall have at least 1 year of qualifying teaching experience, in

the care of a group of children in an on-going group setting such as kindergarten, preschool, child care center, certified family child care home, registered family child care home or Head Start program; or completion of 20 credits (semester system) or 30 credits (quarter system) of training in a college or university in ECE or child development; or documentation of attaining at least level two in the Professional Development Registry.
-No adult immunizations required.
-Criminal record checks of Oregon law enforcement data and child protective services records required for all adults in the registered and certified child care homes, and all adults who are in a child care facility who have or may have unsupervised access to children. This includes other adults living in the registered or certified home.

Provider Training and Orientation
-Mandatory 2 hour orientation for all FCCH providers explains rules, available training and resources.
-Pre-service experience and training for GCCH explained above.
-Pre-service training: FCCH &GCCH provider must have the following: current certification in infant/child first aid and CPR, current food handler certification, and two-hours of training on child abuse and neglect.
-In-service training: FCCH provider must have 8 hours of training related to child care during the two years preceding renewal of registration.
-GCCH providers receive pre-certification consultation on an individual basis
-15 clock hours per year of on-going training is required for GCCH, of which 8 hours shall be in early childhood development or early childhood education.
-On-line training is accepted if received from a reputable organization with appropriate documentation. No on-line training accepted for CPR.

Discipline Policy
-Corporal punishment prohibited.

Emergency Medical Consent Policy
Form is required for GCCH, but it does not need to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos and/or radon is not required for registration or certification; no financial assistance is available for inspection for or remediation of the presence of lead, asbestos or radon.
-State regulations do not address the issue of pesticide use near family child care homes located in rural areas.

Immunization Policy for Children
-Children are required to be immunized; provider is responsible for having a current immunization record.
-Blood lead level screening is not required for entrance into a registered or certified family child care home.

National Life Safety Fire Code Policy
-Not adopted.

Nutrition Policy
-OR Department of Education is state sponsor for USDA CACFP.
-GCCH and FCCH must follow USDA guidelines.

Smoking Policy
-In FCCH and GCCH, no smoking or smokeless tobacco use in the home during child care hours. No smoking or smokeless tobacco use in motor vehicles while child care children are present.

Before and After School Programs
-No separate special regulation.
-No policy regarding overlap time.

Infant Care Programs
-No separate special regulations.
-GCCH regulations include specific training requirements if caring for more than 2 children under 24 months.
-Care limited to infants 6 weeks of age and older in both FCCH & GCCH.

Programs for Children with Disabilities
-No separate special regulations.
-GCCH and FCCH regulations prohibit discrimination on basis of need for special care. All providers must comply with the guidelines of the ADA.

Sick Child Care Programs
-GCCH must keep records of: (a) medication administered; (b) an injury or death of a child; (c) name/phone number of child's medical provider and dentist, if applicable; (d) written procedures for taking a child to emergency medical care.
-If child has mild cold symptoms which don't impair functioning, the child may remain in GCCH and FCCH.
-Children who become ill at the child care home are isolated until they are picked up by their parents. (GCCH and FCCH)
-Parents must be notified when medication is administrated on the day given. (GCCH and FCCH)
-For prescription and nonprescription medication, written authorization from parents is required. (GCCH and FCCH)
-Specific symptoms and day-care restrictable diseases preclude a child from care. (GCCH)
-FCCH must keep records of: (a) chronic health problems, including allergies, of each child; (b) name, address and phone number of child's doctor and dentist; (c) medications administered to each child.
-FCCH & GCCH must report injuries to a child which require attention from licensed health care professionals to CCD within 7 days.
-FCCH & GCCH must have written authorization from parents regarding: (a) obtaining emergency medical treatment for a child; (b) administering medications to a child.
-GCCH and FCCH-parents must be notified if their child is exposed to a communicable disease.

Tiered Reimbursement for Subsidized Children
-A Tiered Reimbursement program or "Enhanced" rate for providers who meet

certain training requirements is 7% higher than the normal rate. Care for special needs children the rate is based on an individual assessment and is no more than three times the normal rate.

Zoning Regulations
-FCCH and GCCH in which the provider lives are considered residential use of property for zoning purposes; no restrictions may be imposed on child care homes that are not also placed on other dwellings in residential or commercial zones.
-GCCH in which the provider does not live must meet local zoning requirements.

Available Resources
-Food program, CCR&R, professional organizations.

Local Contact
-Statewide Toll Free Number to Central Office, Child Care Division. 800-556-6616 (within Oregon only) otherwise, 503-947-1400.

Pending/New Legislation
-None.

PENNSYLVANIA (PA)

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Number of Regulated Homes
-3,966 family child care homes.
-830 group family child care homes.
-Licensor-provider ratio: not known.

Definitions and Regulatory Requirements
-Family Child Care Homes:
-Registration required when caring for 4-6 unrelated children. FCCH Providers may care for no more than 2 related and unrelated infants at any one time, and no more than 5 related and unrelated infants and toddlers at any one time.
-Providers caring for 1-3 unrelated children are exempt from regulation.
-Certificates of registration valid for 2 years.
-Social security number of provider is requested on the application.
-Provisional licenses are not issued under any circumstances; a family child care home provider self-certifies compliance with law and if an application for certification is incomplete or unsatisfactory, DPW can deny a certificate; law provides for revoking and refusing to renew a certificate.
-The terms "regular" or "regularly" in regard to family or group family child care not defined.
-"Relative" in FCCH is defined as a child, stepchild, grandchild or foster child.
-Applicant/operator must reside in the home used for care.
-Liability insurance not required.
-Space requirements: None inside or out.
-State does not disseminate Consumer Product Safety Commission data on banned children's equipment.
-State requires that family child care providers must report with 24 hours to regional licensing office, the death of a child, a missing child or a child's injury that requires medical care.
-Informal Care/Kith and Kin: Pennsylvania follows the requirements established by the CCDBF that provides funding standards for subsidized care that are not required by law to be regulated (Provider cares for 3 or fewer children who are not related to him). This care is called Relative/Neighbor Care.

-Group Family Child Care Homes:
-Licensing required; no fee for application; valid for no more than 12 months.
-Staff-child ratio varies according to ages and number of children present. No more than 12 children unrelated to the operator may simultaneously receive care, unless the provider cares for older school age children in which case 15 children are permitted, providing space is sufficient.
-Space requirement: 40 sq. ft. per child indoor space. Allowable number of children in a space is found by dividing the total sq. ft. in a space by 40.
-"Relative" in GCCH regulation, is defined as a parent, child, stepparent, stepchild, grandparent, grandchild, brother, sister, half-brother, half-sister, aunt, uncle, niece, or nephew.
-Provider not required to reside in the home used for care; GCCH may be located in any premises that has a fire safety approval.
-Liability insurance required.

Unannounced Inspection Procedure
-Random inspection of 15% of FCCH conducted annually.
-GCCH are inspected at least once every 12 months.
-When a complaint has been filed, regional licensing representatives investigate regulatory complaints through either an unannounced or announced facility visit.

Tracking of Registration/License Denials and Revocations
-Denials, nonrenewals and revocations are tracked on an on-going basis.

Complaint Procedure
-To file a complaint, contact the regional day care office in writing or verbally.
-The provider is required to develop and implement an acceptable plan of correction for regulatory violations. The Department has the statutory base to initiate negative sanctions that include downgrading the licensing status in GCCH, and denying, revoking and not renewing a license or registration certificate in GCCH and FCCH.

Provider Qualifications
-Providers must be at least 18 years old.
-FCCH must have medical exam every 2 years, or more frequently if Dept. of Public Welfare identifies health problem; GCCH provider initial health assessment and every year thereafter; the examining physician is requested to provide information on medical problems which might threaten the health or safety of children or prohibit a staff person from providing adequate care to children when completing the staff health appraisal.
-TB screening and/or chest x-ray required.
-No references required for FCCH; 2 required for GCCH.
-Child Abuse Registry clearances and state police clearances required.
-FBI background check is required for potential child care providers residing out of state.
-GCCH staff must meet education and training or experience requirements.

Provider Training and Orientation
-No preservice training requirement for FCCH.

-GCCH require preservice requirements pertaining to education, experience or a combination of the two, but preservice training is not required.
-On-going training is required: 12 hours every two years required for FCCH; 6 hours per year training for GCCH.
-Acceptable training topics include: child and staff health, child development, early childhood education and special education, supervision, discipline and guidance of children, nutrition for children, child care program development, and child care staff person or volunteer professional development.
-Training may also be required as follows:
 -Competence in completion of training by a professional in the field of first aid; shall be renewed on or before expiration of certification or every 3 years, as applicable.
 -Competence in the completion of lifeguard training, including first aid training and CPR for child and infant.
 -Competence in the completion of basic instruction in water safety from a certified lifeguard.
-On-line training is accepted for in-service through the PA Pathways, DPW's training coordinator. No on-line CPR training is accepted.

Discipline Policy
-No form of physical punishment, including spanking, may be used; disciplinary methods shall not humiliate, shame, or frighten a child.

Emergency Medical Consent Policy
-Written consent is required; but consent form does not have to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos and/or radon is not required for registration or licensure; no financial assistance is available for the inspection for or remediation of the presence of lead, asbestos or radon.
-State regulations do not address the issue of pesticide use near family child care homes in rural areas.

Immunization Policy for Children
-Children must be immunized according to recommendations of the American Academy of Pediatrics; The Department of Health regulations require reporting of the immunization status of children in care and specify dismissal policies for children who are not immunized.
-Blood lead level screening is not required for entrance into a family or group child care home.

National Life Safety Fire Code Policy
-PA Dept. of Labor & Industry has adopted NLSFCP.
-DPW regulations require fire safety approval in all child care homes located in a residence and in all facilities located in a non-residence.

Nutrition Policy
-PA Department of Education is state sponsor for USDA CACFP.
-DPW supports the nutritional guidelines of the child care feeding program.

Smoking Policy
-Cigarettes, pipes or cigars may not be smoked in a child care space, a play space or a food preparation area when children are in care or when food is being prepared.
-Parents must be informed of the smoking policy in the facility.
-Ashes and cigarette or cigar butts are prohibited in a child care space, a play space, or a food preparation area.

Before and After School Programs
-The regulations for GCCH provide specific requirements for school age programs. FCCH regulations do not speak to school age.
-No regulations allowing overlap time; child/staff ratios must be maintained at all times.

Infant Care Programs
-Special regulations for infants are addressed within regulatory chapters; the regulations specific to infants include staff/child ratios, maximum group size, infant stimulation, meals for infants, play area and play surfaces.

Programs for Children with Disabilities
-Care of children with disabilities is regulated by a separate chapter of regulations.
-Providers must comply with the guidelines of the ADA.

Sick Child Care Programs
-State does not have sick child care regulations; providers who offer sick child care comply with the appropriate regulatory chapters (DCC, FDCH, GDCH).
-Care for mildly ill children is allowed as long as the child does not have symptoms of a communicable disease or infection as defined in the code; and must have written notification from a physician or CRNP that the child is no longer to be considered a threat to the health of others.

Tiered Reimbursement for Subsidized Children
-There is no program in place at this time.

Zoning Regulations
-Local, township, and borough ordinances not addressed in current regulations.
-Department of Public Welfare advises providers to research local ordinances.

Available Resources
-Child care resource and referral, family child care association, scholarship and training funds, and USDA food program.

Local Contact
-Each regional Department of Public Welfare, Bureau of Child Day Care Services has a toll-free phone number from anywhere in PA.
Western Reg.-Pittsburgh: 800-222-2149; Central Reg.-Harrisburg: 800-222-2117
Northeast Reg.-Scranton: 800-222-2108; Southeast Reg.-Philadelphia: 800-346-2929

Pending/New Legislation
-None.

PUERTO RICO (PR) +

Information
Supplied By: Maria de los A. Rivera Lago
Director, Licensing Office
Administration of Children & Families
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San Juan, PR 00910
PHONE: (787) 724-8585 X 2115
FAX: (787) 724-2520

Number of Regulated Homes

-**41** family child care homes.
-Licensing staff ratio to licensed facilities is 1:21; there are 37 licensors for centers and homes.

Definitions and Regulatory Requirements

-Licensing required if caring for 3 or more unrelated children; no license fee; license renewed every two years; individuals caring for 1 or 2 children are exempt from regulation.
-Staff/child ratio is 1:4 for infants; 1:12 for 16 months to 5 year olds.
-When two or more children under age 2 are present, a second caregiver is required.
-Social security number of provider required.
-The term "regular" is not defined.
-"Relative Care" is defined as grandparents, great grandparents, step grandparents, aunts and uncles, cousins, step parents, sisters and brothers, step sisters and brothers, nieces, nephews by blood, marriage or adoption. Persons caring for relative children are exempt from licensure unless they are also caring for non-relative children, in which case a license is required.
-Licensee must reside in the home.
-Liability insurance not required.
-Substitute caregiver system required before licensing; substitute caregiver required to be licensed.
-Space requirement: 35 square feet per child.
-State does not currently supply Consumer Product Safety Commission data on banned children's equipment directly to providers. Licensing staff has access to such information.
-No information on whether the State requires providers to report to licensing the death of a child, a missing child or a child's injury that requires medical care.
-Informal Care/Kith and Kin: no specific guidelines.
-**No Group Family Child Care Category.**

Unannounced Inspection Procedure

-Homes inspected before license is granted; 4 unannounced visits per year.

-When an allegation is filed, DSS worker visits, unannounced, to investigate the allegation.

Tracking of License Denials and Revocations
-Denials and revocations are not tracked.

Complaint Procedure
-To file complaint, contact Family Department responsible for licensing.
-Depending upon severity, consequences could lead to a suspension, or revocation of the license.

Provider Qualifications
-Provider must be at least 21 years old, and have an annual medical examination.
-Provider and all family members involved with the child cannot not have any history of drug or alcohol abuse, or of abusing children.
-In some instances background checks of child care providers is required, including searches of criminal records and child abuse registries.
-Information about the requirements for providers to have current immunizations, especially MMR, HIB or TB; or for other adults in the household not available.

Provider Training and Orientation
-There are no specific initial or on-going educational requirements for family child care providers; however, when training is offered by the Family Department, all providers are required to attend.
-First Aid and CPR are required.
-On-line training is not accepted for any type of training.

Discipline Policy
-Corporal punishment prohibited; discipline should be applied in ways that help the child learn self-control and should not be humiliating or harsh.

Emergency Medical Consent Policy
-Providers required to have parents sign emergency medical form, but it is not required that this form be notarized.
-Each provider is required to have a doctor near their home to take a child to in case of emergency.

Environmental Policy
-Testing for the presence of lead, asbestos and/or radon is not a requirement of licensing.
-No financial assistance is available for the inspection of and remediation in family child care homes for the presence of lead, asbestos and/or radon.
-Regulations do not address the issue of pesticide use near family child care homes located in rural areas except those near a factory or industry.

Immunization Policy for Children
-Children in family or family child care homes must have a physical examination and all required immunizations must be current.
-Blood lead level screening is not required for children prior to acceptance into a family child care home.

National Life Safety Fire Code Policy
-No policy for family child care homes.

Nutrition Policy
-No policy for family child care.

Smoking Policy
-Smoking is not permitted.

Before and After School Programs
-Special regulations for before and after school children in family child care homes.

Infant Care Programs
-Separate special regulations for family child care homes; provider-staff ratio is 1:4.

Programs for Children with Disabilities
-Special regulations; spaces must be available.

Sick Child Care Programs
-No separate special regulations; no provisions for mildly ill children, must notify parent if child becomes ill.

Tiered Reimbursement for Subsidized Children
-There is no Tiered Reimbursement program in place at this time.

Zoning Regulations
-Homes must comply with local ordinances.

Available Resources
-Local resource and referral agencies.

Local Contact
-Family Departments:
-Region Aguadilla: Calle Munoz Rivers Apdo. 970, Aguadilla, PR 00605
-Region Arecibo: Ave. Juan Rosado 113, Apdo 504, Arecibo, PR 00613
-Region Bayamon: Urb Isleta Calle 1 #1 Bayamon, Apdo 2578, Bayamon, PR 00960
-Region Cagus: Calle Asocta Esq. Goyco, Apartado 638, Caguas, PR 00726
-Region Carolina: Ave Ferandez Juncos, Esq Calle Arzuaga, Carolina PR 00984
-Region Guayama: Carr 3 Guayama Salinas, KM 138.21 Apdo 210, Guayama PR 00785
-Region Humacao: Calle Georgetti Esq Dr Vidal, Apdo 901, Humacao PR 00791
-Region Mayaguez: Centro Gubernamental Suite 20 Piso 3, Calle Nenadich #55, Mayaguez, PR 00680-3689
-Region Ponce: Apartado 871, Ponce, PR 00733
-Region San Juan: Edif 104 Ave Ponce de Leon Parada 20, Santurce, PR 00912

Pending/New Legislation
-None.

+ Information not reverified by State.

RHODE ISLAND (RI)

Information
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Day Care Licensing
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Providence, RI 02903
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FAX: (401) 528-3650

Number of Regulated Homes
-1,276 family child care homes.
-12 group family child care homes.
-Licensor-provider ratio: 8 licensors responsible for all homes and centers.

Definitions and Regulatory Requirements
-**Family Child Care Homes**
-Certification required when caring for 4 or more children who are unrelated to the provider; no fee. If care is provided to child under 18 months of age, provider cannot care for more than 4 children under 6 years, no more than 2 of which can be under the age of 18 months.
-Certificate renewable every 2 years; undergo screenings, fire inspections and home visits for renewals.
-Providers may have up to 8 children if there is an approved assistant present; no more than 4 children may be under 18 months old.
-Providers caring for 1-3 unrelated children are legally exempt from regulation.
-A probationary certification may be issued if a provider is temporarily out of compliance with a regulation, a plan for correction is filed and approved if the health and safety of the children in care are not in danger.
-Social security number of provider, assistants and emergency coverage persons for screening purposes with new departmental computer system.
-The terms "regular" or "regularly" are not defined.
-"Relative Care" means any of the following relationships, by a natural parent: parent, grandparent, brother, sister, aunt, uncle, and first cousin.
-Parents must have unlimited access to FCCH while day care is in operation.
-Providers must reside in the home used for care.
-Liability insurance not required.
-Providers must have two substitute caregivers to call in case of emergency (do not have to be certified, but they are screened).
-Space requirements: 35 sq. ft. per child indoors.
-State does not currently disseminate Consumer Product Safety Commission data on banned children's equipment, however, there is pending legislation to do so.
-State does not require providers to notify licensing on the death of a child, a missing child or a child's injury that requires medical care. The death of a child or a missing child would be reported to Child Abuse and Neglect and they would then inform licensing.

-Informal Care/Kith and Kin: Dept. of Human Services approves relative care after screening for criminal records and child abuse.
-**Group Family Child Care Homes:**
 -Licensing required and must be renewed annually.
 -Care for 9-12 children with one or more state approved assistants depending on the ages of the children in the home.
 -Space requirements: 35 sq. ft./child indoors; 75 sq. ft./child outdoors.

Unannounced Inspection Procedure
-Homes are inspected before certification and at renewal.
-Complaint allegation is assigned to a worker who makes an unannounced visit to investigate.

Tracking of Certificate/License Denials and Revocations
-Denials and revocations are not tracked.

Complaint Procedure
-To file complaint, phone or write the day care licensing unit.
-Depending on the nature of the violation, provider might be given time period for correction or certification might be revoked or put on probationary status.

Provider Qualifications
-Provider must be at least 18 years old for FCCH; 21 years old for GCCH.
-Physical exams required at certification and at renewal.
-TB is required for group day care home providers and assistants.
-No other adult immunizations are addressed.
-No information about number of references required.
-Statewide criminal check made on all adults in provider's home.
-Fingerprinting for nationwide FBI check required for provider and assistants; no cost.

Provider Training and Orientation
-Orientation required consisting of certification/licensing process, regulations and resources.
-Preservice training is required; -- amount not specified for FCCH.
 -several possible combinations of education and experience ranging from Bachelor's or Master's Degree in Early Childhood Education to five years experience and three courses at post secondary level for GCCH.
 -Provider must have training and/or experience in caring for children under 6 years of age.
-On-going training is required.
 -10 hours of training required every 2 years; training must be relevant to the care of young children and may include workshops, conferences, seminars; documentation required.
 -In homes with 8 children, provider and assistant must have this training.
 -8 hours of training (as above) required every year for provider and assistant(s) in GCCH.
-CPR and first aid are required for GCCH but may be included in above-listed training requirements; FCCH only required to have basic knowledge of first aid - CPR not required.

-On-line training is accepted if related to child care issues; must provide documentation of completion, topic and hours. No on-line CPR training.

Discipline Policy
-Corporal punishment prohibited.

Emergency Medical Consent Policy
-Form is required; but it does not have to be notarized.

Environmental Policy
-Testing for the presence of lead, and asbestos is not required for licensure; no financial assistance is available for the inspection for the presence of lead, asbestos or radon. There is money available in some communities for lead abatement.
-Radon testing is required by the Department of Health.
-State regulations do not address the issue of pesticide use near family child care homes located in rural areas.

Immunization Policy for Children
-Children are required to be immunized or in the process of immunization per the schedule at initial enrollment; provider is not required to do follow up.
-Blood lead level screening is required and is part of the child's medical form.

National Life Safety Fire Code Policy
-Code has been adopted for GCCH; compliance with code is required for licensing.

Nutrition Policy
-RI Department of Education is state sponsor for USDA CACFP.
-Must insure that children receive nutritious meals and snacks.

Smoking Policy
-Smoking prohibited during child care and parents must be notified if smoking occurs in the home. No smoking while child care is provided.

Before and After School Programs
-No separate special regulations; no policy on overlap time; child/staff ratios must be maintained at all times.

Infant Care Programs
-No separate special regulations.

Programs for Children with Disabilities
-No separate special regulations.
-Providers must comply with the guidelines of the ADA.

Sick Child Care Programs
-Sick child care is allowed in homes. Regulations address the specific care of sick children. A child must be on an antibiotic 24 hours before readmission.

Tiered Reimbursement for Subsidized Children
-There is no program in place at this time.

Zoning Regulations
-Family child care homes allowed to operate in residential areas by law.

Available Resources
-CACFP, Family Day Care Home Association, Statewide Referral Service, Childspan, and other training and conferences information.

Local Contact
-Day Care Licensing, Dept. of Children, Youth, and Families.

Pending/New Legislation
-Family Child Care Home Regulations have been revised but they have not yet been promulgated.

SOUTH CAROLINA (SC)

Information
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SC Department of Social Services
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Number of Regulated Homes

-10 licensed family child care homes.
-1,591 registered family child care homes.
-289 group family child care homes.
-Licensor-provider ratio: No information available.

Definitions and Regulatory Requirements

-Family Child Care Homes:
-Homes have option of being licensed or registered; if licensed, recommended standards for registered providers become mandated; only those homes electing to participate in a federal program can be licensed.
-Provisional licenses are issued for a maximum of one year until all regulatory requirements are met.
-Providers may have maximum of 6 children including family members under age 12 at any one time.
-Registered on a yearly basis; application is submitted each year for renewal.
-Registered FCCH not inspected unless a complaint is received; licensed homes are inspected prior to licensing and twice a year following.
-Licensure on a two year basis if regular.
-Application for original or renewal requires social security number on provider.
-The terms "regular" or "regularly" are defined, by statute, as frequency of care of 2 days per week.
-"Relative Care" is defined, by statute, as individual related by blood, marriage, or adoption of the first degree.
-References, consumer parent statements, central registry permission forms, and state and federal fingerprint check required for original registration; consumer parent statements plus application for renewal.
-Providers are required to reside in the home in which care is provided.
-Liability insurance is not required.
-Space requirements: no requirement for registered FCCH; licensed FCCH - 35 sq. ft. inside and 75 sq. ft. outside per child.
-State does not currently disseminate Consumer Product Safety Commission data on banned children's equipment to homes.

-State requires family child care homes to report to licensing the death of a child, a missing child or a child's injury that requires medical care. Information is used in staff visits and to make recommendations to the Department when health and safety issues are found. Staff makes referrals to other agencies when needed.
-Informal Care/Kith and Kin: Guidelines established by the Department of Family Independence.
-**Group Family Child Care Homes**:
-Composed of 7-12 children including family members under 12; if there are 9 or more children present, or 4 are under the age of 2, an additional caregiver must be present. Limited to 3 infants by State Fire Marshal.
-No liability insurance is required.
-Providers are required to reside in the home in which care is provided.

Unannounced Inspection Procedure
-GCCH are inspected prior to licensing and twice a year following.
-Written and signed complaints or oral complaints are investigated by an unannounced visit and follow-up monitoring.

Tracking of Registration/License Denials and Revocations
-Tracking system being developed; special filing system for withdrawals and denials.

Complaint Procedure
-To file a complaint, phone or write Department of Social Services.
-Consequence for violations include continued monitoring and possible closure.

Provider Qualifications
-GCCH providers must be at least 21 years old; caregivers must be 18 years of age but 14 year olds and above can be permitted as caregivers if properly supervised.
-Providers must complete medical statements when submitting applications; physical exam required only if medical problem is apparent for licensed GCCH providers/FCCH providers.
-No other adult immunizations required.
-Three written references from persons unrelated to provider required (GCCH) and (FCCH).
-GCCH providers must have high school diploma/GED/Child Development Associate Credential with at least three year's experience in a licensed/approved child care facility as a caregiver; or a Bachelor's degree in child development or ECE from an accredited college or institution' a bachelor's degree from an accredited college or institute and at least six months verifiable experience as a caregiver in a licensed/approved child day care facility; or an associate degree in child development, ECE from an accredited college with one verifiable experience as caregiver in a licensed/approved child day care; or a diploma in child development/early childhood education from an accredited college or institution with two years verifiable experience as a caregiver in a licensed/approved child day care facility.
-Criminal history checks are required for all registered and licensed facilities.
-Criminal history checks are required for all persons 15 years or older living in the Family Day Care Home.

Provider Training and Orientation
-Preservice training not required for registered homes, only for licensed homes.
-No on-going training requirement for registered homes.
-15 hours per year required on-going training for licensed homes.
-Require CPR and basic first aid for licensed homes.
-On-line training, distance learning and video training is accepted if it related to: child growth and development, curriculum activities, health and safety or program administration. Training must be approved by Center for Child Care Career Development. CPR on-line training is not accepted.

Discipline Policy
-Corporal punishment permitted in licensed homes with written parental consent.

Emergency Medical Consent Policy
-Form is required for licensed homes, but it does not have to be notarized.

Environmental Policy
-Testing for the presence of lead, but not for asbestos or radon is a condition of licensure; no financial assistance is available for the inspection for or remediation of the presence of lead.
-DHEC comments on the presence of lead, but not on the absence of lead.
-State regulations do not address the issue of pesticide use near family child care homes located in rural areas.

Immunization Policy for Children
-Providers of children in registered homes are not required to keep immunization records on file.
-Children in licensed homes have to be and the provider is responsible for seeing that records are current. [Now monitored by DHEC]
-Blood lead level screening is not required for entrance into a home.

National Life Safety Fire Code Policy
-Not adopted.

Nutrition Policy
-No nutritional regulations for Family Child Care homes, however, many are part of the Child Care and Adult Food Program.
-Group Child Care homes must follow USDA CACFP guidelines in meal planning.

Smoking Policy
-No regulations pertaining to this for Family Day Care Homes. For Group Day Care Homes, smoking shall be permitted only in designated smoking areas.

Before and After School Programs
-If operated less than 4 hours a day, this home would not come under the law.
-No overlap is allowed.

Infant Care Programs
-No separate special regulations for registered homes.
-Licensed homes must meet fire regulation.

Programs for Children with Disabilities
-No separate special regulations.
-Providers must comply with the guidelines of the ADA.

Sick Child Care Programs
-Regulations for GCCH same as day care centers.
-Regulations for licensed FCCH: if a provider elects to care for mildly ill children they must follow additional state regulations.

Tiered Reimbursement for Subsidized Children
-No program in place at this time.

Zoning Regulations
-FCCH and GCCH must comply with local zoning regulations.

Available Resources
-CACFP and ABC voucher.
-First Steps, An Early Education Initiative was developed in 1999 to ensure children are ready for school. Two types of grants are available to county partnerships. Level One grants are for needs and resources assessment and planning while Level Two grants fund implementing and managing of activities. Level Two funds will be used to promote high quality preschool programs that provide a healthy environment that will promote normal growth and development, through offering additional training to and other services to early childhood workers.

Local Contact
-Area Day Care Licensing and Regulatory Office.

Pending/New Legislation
-All current child care regulations are under review by the Agency and the State Advisory Committee. Proposed Regulations to be submitted to Legislature by November 2003.

SOUTH DAKOTA (SD)

Information
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Child Care Services
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Number of Regulated Homes
-936 family child care homes.
-93 group family child care homes.

Definitions and Regulatory Requirements
-Family Child Care Homes:
-Registration only required for providers receiving public funds; maximum number of children allowed: 12 with no more than 4 children under the age of 2 years and no more than 2 of those 4 can be under the age of 1, unless assisted by registered assistant; provider's children under 6 years of age must be counted.
-Registration renewal occurs every 2 years.
-Providers caring for 12 or fewer children and who do not receive public funds are legally exempt from regulation; also exempt are providers who go to the child(ren)'s home and care only for those children.
-Social security number of provider is not required on application form, but is requested on the permission for Central Registry form required for registration or licensure.
-The terms "regular" or "regularly" are not defined.
-"Relative Care" is defined by the subsidy program as a person who is 18 years old or older and who is a grandparent, aunt or uncle to the child; also includes a sibling who is 18 years old or older who is not living in the home.
-Providers must reside in the home in which care is provided.
-Liability insurance not required but providers are reminded that their homeowners policy may require additional amendments when providing a business in the home.
-State provides Consumer Product Safety Commission data on banned children's equipment to all licensing offices and Resource offices for public viewing.
-State does not currently require family child care providers to report to licensing the death of a child, a missing child or a child's injury that requires medical care. (Will be added to new regulations.)
-Informal Care/Kith and Kin: Established regulations for certificate through subsidy program, with 3 hours training; TB test; central screening for child abuse & neglect. "Informal Provider" is an individual who is a friend of the family requesting child care assistance or a sibling of the child for whom care

is being requested, who does not live with the client, is at least 18 years of age, and provides care only for that client's child; "In-home Provider" is an individual who provides services in the client's home; "Relative Provider" is an individual who is at least 18 years of age; the aunt, uncle, grandparent, or great-grandparent of the child for whom child care assistance is being requested; and the child care provider for that child.

-**Group Family Child Care Homes:**
-Licensure required of all providers; may care for 13-20 children.
-License is effective for 1 year; provisional licenses available on a variable basis.
-Staff/ratios: 1:5 ages birth to 3 years; 1:10 ages 3 years up to 6 years; 1:15 ages 6 years or older; mixed age ratio: must meet the requirements of the age grouping that comprises the majority of the groups except when children under 3 years of age are present. When 3 or more children under the age of 3 years are present in a mixed age group, the staff/child ratio for children under 3 years of age must be maintained.
-Provider's children under age 6 must be counted.
-Space requirements: 35 sq. ft. per child indoors, 50 sq. ft. per child outdoors.
-Department of Commerce, upon request from this office, inspects before initial license and annually thereafter for fire and life safety and health compliance and licensure regulation compliance. DSS for programming.
-Provider not required to reside in facility in which care is provided.

Unannounced Inspection Procedure
-FCCH are visited prior to the issuance of the initial registration certificate. Inspections occur at least one time every 2 years after initial registration.
-GCCH: on-site licensing visits occur before initial license and annually thereafter.
-Majority of visits are unannounced, but some are announced.

Tracking of Registration/License Denials and Revocations
-The number of and reasons for denials and revocations are tracked.

Complaint Procedure
-To file a complaint, contact local DSS office of Child Care Services.
-In the event of a complaint, an investigation is completed and corrective action plan developed or registration is revoked if indicated; unannounced visits are made if complaint issues warrant.
-Consequences for violation include issuance of corrective action plan; if the children are in eminent danger, may be immediate suspension or revocation; may issue provisional registration or revoke registration.

Provider Qualifications
-Provider must be at least 18 years old for FCCH.
-Provider must be at least 21 years of age for GCCH, except that an individual who is at least 18 and has a child development technician diploma or a child development associate certificate may qualify for GCCH.
-Provider must be TB tested and have physical exam before beginning operation; household members must have TB tests, and children under 18 living in the home must be currently immunized.

-No information about other requirements for adult immunizations.
-Three positive references.
-Applicants and all adult household members screened against the State's Central Registry of Child Abuse/Neglect before registration.

Provider Training and Orientation
-Orientation for registered provider not required but a DCR or licensing completes a visit with each new provider to review requirements. In more populated areas where more people are starting the process at one time, licensing holds an orientation to review regulations.
-Orientation required for GCCH within one month of being hired and must include information on the home's functions and services, available community resources, job duties of each staff member, emergency methods and emergency escape routes.
-6 hours of training every year before renewal for FCCH in at least two of the following areas: health and safety, planning learning activities, child growth and development, guidance and discipline techniques, detecting and reporting child abuse and neglect, communication and relations with families, food handling techniques, prevention of communicable diseases, procedures in the event of fires or natural disaster, and meal planning and nutrition.
-First aid and CPR certification must occur during the first year of registration of licensure and certification must remain valid.
-10 hours of training annually for license renewal for GCCH in categories listed above for FCCH.
-On-line training is accepted if it relates to the 11 categories of required training. No CPR on-line training accepted.

Discipline Policy
-Corporal punishment prohibited.

Emergency Medical Consent Policy
-Form is required, but it does not have to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos and/or radon is not required for registration; no financial assistance is available for the inspection for or remediation of the presence of lead, asbestos or radon.
-State regulations do not address the issue of pesticide use near family child care providers in rural areas.

Immunization Policy for Children
-Children must be immunized; provider is responsible for seeing that immunization record is current.
-Blood lead level screening is not required for entrance into homes.

National Life Safety Fire Code Policy
-Office of Fire Marshal implemented for GCCH which incorporate Uniform Building Code.

Nutrition Policy
-SD Department of Education is state sponsor for USDA CACFP.
-If a child is in family child care during the home's regular meal time, the child must be offered a meal which consists of a variety of foods from the five food groups of the Food Guide Pyramid and which supplies at least one-third of the child's daily nutritional needs. Nutritious midmorning, mid-afternoon, and evening snacks must be served between meals as long as there are at least two hours between each meal and snack. Breakfast may be substituted for mid-morning snack. Infants must be fed according to their individual schedule and must be held while bottle feeding.

Smoking Policy
-Registered or unregistered FCCH are forbidden to smoke; smoking is a law enforcement issue.
-In GCCH smoking is prohibited inside the building.

Before and After School Programs
-FCCH may have no more than 2 additional school age children; and GCCH may have no more than 3 addition school age children as defined in the following situations by South Dakota statute:
 -facility may care for the above listed number of children, if the children are of school age, beyond the grade of kindergarten, receive services only before and after school hours, or if the additional children are at the facility because of family emergency or special circumstance.
 -any additional children in care pursuant to statute shall be counted in maintaining staff-to-child ratios as prescribed by the DSS.
-Separate regulations for before and after school child care have been developed.

Infant Care Programs
-No separate regulations.

Programs for Children with Disabilities
-No separate special regulations.
-Providers must comply with the guidelines of the ADA.

Sick Child Care Programs
-Regulations do not prohibit care of mildly ill children; sick child is to be isolated and parents notified. Health Dept. must be notified if child contracts contagious disease. Notification to all or some parents on a need to know basis.
-No separate special regulations.

Tiered Reimbursement for Subsidized Children
-There is no Tiered Reimbursement program in place at this time specific to Accreditation. A tiered payment plan is in effect to encourage smaller group sizes and slots for infants and toddlers, special rates will be paid to family child care providers who provide care for 6 or less children. Providers who qualify for this type of care must inform their licensing worker of the reduction in children so it will be reflected on the registration certificate.

Zoning Regulations
-Must comply with local ordinances.

Available Resources

-South Dakota Early Childhood Enrichment Program Coordinators:
-Western: Early Childhood Connections, Rapid City (605) 342-6464; 1-888-999-7759
-Central: Pierre Area Referral Service, Pierre (605) 224-8731; 1-800-499-4767
-North: Early Childhood Partners, Aberdeen (605) 229-8505; 1-800-982-6404
-Eastern: Family Resource Network, Brookings 688-5730 or 1-800-354-8238
-South Eastern: Sioux Valley CHILD Services, Sioux Falls (605) 333-0663 or 1-800-235-5923.

Local Contact

-State Licensing Office Locations:
-Western: 111 New York St; Rapid City (605) 355-3545.
-Central: 700 Govenors Drive; Pierre (605) 773-4766 or 1-800-227-3020.
-North: 420 S. Roosevelt St. Aberdeen (605) 626-2340.
-East: 1310 S. Main Ave, Suite 101, Brookings; (605) 688-4334.
-South Eastern: 811 E. 10th St., Dept. S, Sioux Falls (605) 367-7602
-Southern: 3113 N Spruce St., Suite 200, Yankton (605) 668-3030.
-South Central: 116 E. 11th Avenue, Mitchell, (605) 995-8000.

Pending/New Legislation

-Current regulation are under review. Process to be completed by end of 2003.

TENNESSEE (TN)

Information
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Number of Regulated Homes

-**692** licensed family child care homes.
-**655** licensed group child care homes.
-**742** registered family child care homes.
-Licensor-provider ratio: for FCCH (5-7 children) - 1:14; two licensed categories of homes - 1:24 homes.

Definitions and Regulatory Requirements

-Licensing required for homes caring for FCCH and GCCH; fees vary: FCC Annual is $100; Biennial (2-yr) is $150; Triennial (3-yr) is $175; and for GCCH Annual is $125; Biennial (2-yr) is $175; Triennial (3-yr) is $200. Fee structure will be incorporated into the rated licensing system. Fees are earmarked for Child Care Services Programs such as training.
-Licenses renewed annually.
-Provisional ("temporary") licenses used for start-up, based on passing fire and health inspections, and caregiver's qualifications and references. Good for 120 days.
-FCCH: Care for at least 5 children but not more than 7 who are not related to the primary caregiver. If more than 2 children under 4 years are enrolled, add an adult.
-Providers caring for 4 or fewer children are legally exempt from regulation, but may choose voluntary registration demonstration project listed below.
-Providers not required to reside in the facility in which care is provided.
-Social security number of provider is required.
-The terms "regular" or "regularly" are not defined; however, care provided for 3 hours or less a day are not regulated.
-"Relative Care" means for purposes of child care: the children, stepchildren, grandchildren, step-grandchildren, siblings of the whole or half-blood, step-siblings, nieces, nephews or foster children of the primary caregiver.
-**Demonstration Projects**: have been conducting a voluntary FCCH registration project (with Dependent Care Grant and later CCDBG) since October 1990 in all areas of the state.
-Registration Certificate granted to caregivers who meet all registration rules; good for 3 years.

-General liability insurance (minimum $300,000 general aggregate coverage or per occurrence), automobile liability (minimum $300,000 combined single limit of liability) and medical payments coverage (minimum $5,000 for injuries to children being transported and minimum $5,000 for injuries to children resulting from operation of the child care facility) required for family and group homes.
-State does not distribute Consumer Product Safety Commission data on banned children's equipment. State contracts with 12 regional child care Resource Centers to give providers training an assistance. Centers distribute materials as deemed appropriate.
-State does not require any family child care provider to report to licensing the death of a child, a missing child or a child's injury requiring medical care.
-Informal Care/Kith and Kin: The Certificate Program with Brokers offers some regulation with less than 5 children. State law has not changed.
-**Group Child Care Homes:**
 -Care for at least 8 children but not more than 12 children who are not related to the primary caregiver; provided, however, that up to 3 additional school age children may be received for care before and after school, on school holidays, on school snow days and during summer vacation.
 -One, two or three caregivers required based upon the ages and number of children served:
  -maximum of 15 children with one caregiver and no child under age 3 present.
  -over 12 children are enrolled, additional children shall be school age and a school age program shall be provided with one caregiver.
  -maximum of 15 children are present and at least one but not more than 9 children are present who are under the age of 3, there shall be 2 caregivers shall be present; if more than 4 of those children are under 2 years of age, 3 caregivers shall be present.
  -over 12 children are enrolled, the additional children shall be of school age and a school age program shall be provided with 2 caregivers.
  -maximum of 15 children are present and 10 or more children present are under 3 years of age, there shall be 3 caregivers present.
  -if over 12 children are enrolled, the additional children shall be of school age and a school age program shall be provided with 3 caregivers.
 -Space requirements: 30 sq. ft. indoors for GCCH; 50 sq. ft. outdoors.
 -Providers not required to reside in the facility in which care is provided.
 -Before 8 or more children are enrolled, the facility shall be approved by a fire safety inspector and by an environmentalist.

Unannounced Inspection Procedure
-Homes inspected prior to licensure and all licensed facilities receive 6 unannounced visits plus 1 announced visit per year; homes with violations inspected as needed.

Tracking of Registration/License Denials and Revocations
-Both denials and revocations have been tracked since 1971.

Complaint Procedure
-To file a complaint, call DHS and report to licensing staff, or call the Resource and Referral Hotline.
-When a complaint has been filed, depending upon the nature of the complaint, may hold until next site visit; will talk to director/owner, may interview

collaterals to verify; visit may/may not be unannounced.
-Consequences: 1. Agency is "put on notice" and must submit plan for corrective action; 2. Probation for 30 or 60 days, civil penalties; denial/revocation/ suspension of all or any part of a program.

Provider Qualifications
-Provider must be 18 years old; GCCH primary caregiver must have a high school diploma or equivalent.
-Physical exam required prior to licensing and follow-up exam every 3 years. (TB test not required every year).
-Routine TB screenings for child care workers are no longer recommended by CDC.
-No other immunizations required of adults.
-Three written references required.
-Criminal records check and fingerprinting required by law.

Provider Training and Orientation
-Preservice "orientation" provided by DHS required within 3 mos of licensure.
-FCCH required to have 4 clock hours in-service training annually.
-GCCH's (primary caregivers only) required to have 8 hours training in child care annually.
-CPR and First Aid are a separate requirement.
-On-line training is accepted to meet in-service requirements as long as it has a pre-test/post-test component. No on-line CPR training accepted.

Discipline Policy
-Spanking and any corporal punishment is prohibited.

Emergency Medical Consent Policy
-Form is required, but does not have to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos, and/or radon is not a requirement for licensure; no financial assistance is available for the inspection for or remediation of the presence of lead, asbestos or radon.
-State regulations do not address the issue of pesticide use near family child care homes in rural areas.
-A home can not present any apparent hazard to the children in care.

Immunization Policy for Children
-Children are required to be immunized; provider must keep immunization records current.
-Blood lead level screening is not required for entrance into the home.

National Life Safety Fire Code Policy
-Adopted.

Nutrition Policy
-State administers USDA CACFP.

Smoking Policy
-Smoking is restricted in group care homes licensed by DHS, not operated in

private homes; Otherwise smoking is allowed but, parents must be informed.
-Advisory Committee reasoned that "no smoking" rule could not be enforced; risk factors to children from second-hand smoke not addressed.
-Federal Pro-Children Act of 1994 restricts smoking completely within day care facilities that are constructed, operated or maintained with federal funds, but does not apply to private residences.

Before and After School Programs
-No separate special regulations.

Infant Care Programs
-No separate special regulations.

Programs for Children with Disabilities
-State is in compliance with Sec. 504 of Rehabilitation Act of 1973.
-Providers must comply with the guidelines of the ADA.

Sick Child Care Programs
-Regulations allow for care of mildly ill children in family and group homes as long as the children are not contagious.

Tiered Reimbursement for Subsidized Children
-Tennessee established a rated license system with four provider levels. The base level represents compliance with minimum standards and each level thereafter signifies voluntarily compliance with standards that progressively exceed minimum standards. This system includes a tiered reimbursement program for subsidy providers that coincides with the program rating.
-Providers accredited by the National Association for Family Child Care automatically receive an additional point on their evaluation scores during the Report Card Evaluation Process.

Zoning Regulations
-Child care homes must comply with local ordinances, not enforced by licensing staff.

Available Resources
-Preservice and inservice training and technical assistance. TECTA - Tennessee Early Childhood Training Alliance.

Local Contact
-Department of Human Services.

Pending/New Legislation
-See Tennessee Web Site for newly revised Family and Group Home rules. http://www.state.tn.us/sos/soshmpg.htm Click on "rules and regulations;" from menu select "1240 Human Services;" next select "1240-4 Standards for Regulation Institutions;" then click on chapter number you wish to review. Chapter key: 1240-4-1 Group Home Standards; 1240-4-4 Family Home Standards.
-Revised transportation rules are pending, look for proposed rules on website: www.state.tn.us/humanserv/childcare.htm.

TEXAS (TX)

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Number of Regulated Homes

-9,262 family child care homes; plus 3,124 listed family homes.
-2,000 group family child care homes.
-Licensor-provider ratio: 1:93.

Definitions and Regulatory Requirements

-Family Child Care Home
-Listed Family Homes: Homes in which 3 or fewer unrelated children are regularly cared for; there are no standards; licensing does not visit or monitor but will investigate complaints of abuse and neglect. Criminal history checks and abuse/neglect registry checks for everyone in the home over age 14 and every 2 years thereafter. Fee $2 per person, annual listing of $20.
-Exempt from regulations: providers caring only for children related to provider.
-Registration required when caring for 4 or more children; annual fee of $35; monies go to the General Revenue Fund for the state; registration in effect until revoked or home voluntarily ceases providing care.
-Provisional registrations are not issued, but probation applies to registered and licensed facilities for providers who are not in compliance consistently; probation usually lasts for 6 months, but time may vary.
-The term "regular" means that care is provided at least 4 hours a day, 3 or more days a week for more than 9 consecutive weeks.
-"Relative Care" means children who are related to the caretaker: children, grandchildren, siblings, great-grandchildren, first cousins, nieces or nephews, whether by affinity or consanguinity or a relationship created by court decree.
-Social security number of provider is required.
-Registered homes may care for 6 preschool children and an additional 6 elementary school age children, under 14 years of age, for a total of no more than 12 children including the caregiver's own children.
-Registered provider may care for up to 4 infants (defined as 0- 17 months); capacity for older children varies depending upon the ages of children and the number of infants.
-"Parents Guide to Registered Family Homes" must be given to parents.
-Providers must reside in the home in which care is provided.
-Space Requirements: none.
-Liability insurance not required.

-State disseminates Consumer Product Safety Commission data on banned children's equipment to central program specialist who screens for those related to equipment for 0-13 years and routes to Licensing Resource Consultants across the state. They share with licensing staff to share with providers during visits.
-State requires provides to report to licensing the death of a child, a missing child or a child's injury that requires medical care. Information entered into automated system as a licensing report which is assigned to a licensing representative or investigator for follow-up.
-Informal Care/Kith and Kin: See listed providers.
-**Group Family Child Care Homes:**
-Licensing required: $70 application fee and $47 annual fee; monies go to General Revenue Fund.
-Providers can care for up to 12 children under 14 years of age.
-With one provider, from 0-4 infants can be cared for with adjustments in the number of toddlers and school age children.
-With two providers, from 1-10 infants can be cared for with adjustments in the number of toddlers.
-Space Requirements: at least 30 sq. ft. indoor activity space for each child.
-Providers not required to reside in the facility in which care is provided.
-6 month provisional license period includes three unannounced inspections before issuance of non-expiring license.

Unannounced Inspection Procedure
-All registered and licensed homes inspected prior to licensing may be announced or unannounced.
-Unannounced inspections at least once per year for licensed GDCH.
-Unannounced inspections at least once every three years for registered homes.

Tracking of Registration/License Denials and Revocations
-Both denials and revocations are tracked; records retained for 10 years; data held for 15 years.

Complaint Procedure
-To file a complaint, contact any licensing office or the state's abuse hotline at 1-800-252-5400.
-When a complaint has been made, visit usually is made and usually unannounced.
-Consequences range from call for correction to revocation.

Provider Qualifications
-Registered and licensed providers must be at least 21 years old.
-Listed caregivers and substitutes must be 18 years of age.
-TB test required prior to registration and licensing for caregiver and all persons in the home over 14 years of age if recommended by local health dept.
-No other adult immunizations required.
-Personal references not required.
-Criminal record check and child abuse registry check done prior to ,listing, registration or licensing for everyone in the home age 14 or older and every 2 years thereafter; $2 per person.

Provider Training and Orientation
-RFH must have 6 hours orientation prior to registration, includes application

process, regulatory and overview of minimum standards; orientation or application interview required for GDCH.
-20 clock hours per year on-going training for RFH. None for listing.
-GDCH must have 20 clock hours of on-going training per year for the director and 15 clock hours per year for staff.
-Training areas include child development, discipline and guidance, nutrition, age and developmentally appropriate activities, sanitation, health, safety, business management, risk reduction/risk management, communication with peers and other professionals, parent involvement, and utilizing community resources. All caregivers working with children under 24 months of age in registered or licensed homes must include 1 hour of training in Shaken Baby Syndrome, Sudden Infant Death Syndrome and Early Brain Development each year.
-Providers must have current certificates of First Aid and CPR for infants and children, but can be included in annual training requirement.
-On-line training is accepted. No on-line training for CPR. Currently State accepts self-instructional training from any source for any number of training hours. Effective 9-1-03 Homes may obtain 75% of annual training from self-instructional materials.

Discipline Policy
-Corporal punishment prohibited for children under age 5 years; may be used on a child over age 5 years with parental consent. Must be done only with the open hand on the child's buttocks. No instrument may be used in delivering punishment.

Emergency Medical Consent Policy
-Parent's signature is required on a form, but it does not have to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos or radon in not required for registration or licensing; no financial assistance is available for the inspection for or remediation of the presence of lead, asbestos or radon.
-State regulations do not address the issue of pesticide use near family child care homes located in rural areas.
-Licensed GDCH are required to have an annual sanitation inspection by the local or state health inspector.

Immunization Policy for Children
-Children must be immunized; provider is responsible for complying with the requirement and therefore must pressure the parent to stay current.
-Blood lead level screening is not required for entrance into the homes.

National Life Safety Fire Code Policy
-Registered homes are not required to obtain an annual fire inspection from local or state fire inspector.
-Licensed homes must obtain fire inspection and an annual gas leak test from local or state fire inspector.

Nutrition Policy
-TX Department of Human Services is state sponsor for USDA CACFP.
-Standards require nutritious meals and snacks.

Smoking Policy
-Smoking is not allowed in RFH during hours of operation in and not in presence of children in GCCH.

Before and After School Programs
-No separate special regulations.
-No policy regarding overlap; child/staff ratios must always be maintained.

Infant Care Programs
-No separate special regulations.

Programs for Children with Disabilities
-No separate special regulations.
-Providers must comply with the guidelines of the ADA.

Sick Child Care Programs
-Providers must notify parents if child becomes ill while in care and obtain emergency treatment when applicable.
-GCCH homes which are licensed are currently prohibited from caring for sick children unless approved in writing by health personnel.
-RFH standards do not prohibit care for sick children.

Tiered Reimbursement for Subsidized Children
-There is a Tiered Reimbursement program in place for providers serving subsidized children. Providers (designated vendors), who voluntarily meet a set of criteria that exceed minimum licensing standards must be at least 5% higher than the maximum rate established for non-designated vendors for the same category of care, as long as the additional 5% does not result in a rate that exceeds the vendor's published rate. Some local Workforce Development Boards provide bonuses and awards to designated vendors in lieu of increasing their daily rates.

Zoning Regulations
-Local ordinance may limit the number of children in care.

Available Resources
-Standard orientation, professional child care, and associations may be in or near the community.
-13 TDPRS Licensing Resource Consultants (LRC's) available throughout the state to assist in development of additional training resources and professional organizations. LRC's do not work in a regulatory capacity, but work with provider community to meet or exceed minimum standards.
-Web-based data entry system located at agency website provides listing of all regulated providers including compliance and complaint information. Assists parents in finding child care and educates regarding regulations and minimum standards. Standards are located on website.

Local Contact
-TX Department of Protective and Regulatory Services, (TDRPS), Child Care Hotline 1-800-862-5252, or www.tdprs.state.tx.us/child.care.

Pending/New Legislation

-Completed revision of minimum standards for child day care and sonsolidation into two sets of Standards: home-based child care and center-based child care. Regualtions will be effective as of 9-1-03.

UTAH (UT)

Information
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Number of Regulated Homes

-814 family child care homes.
-242 group child care homes.
-1,059 Residential Certificates.
-Licensor-provider ratio: Ranges from lowest caseload of 1:75 to 1:113; average is 1:95; optimum ratio would be 1:90.

Definitions and Regulatory Requirements

-**Family Child Care Homes:**
 -Certification required when caring for 5-8 children; annual $50 fee includes provider's own children under age 4.
 -Voluntary licensing available for providers caring for 1-8 children must pay $50 for two year license.
 -Relative Care is not required to be regulated.
 -Licenses renewed bi-annually; fees paid bi-annually with renewal.
 -Provisional license is an initial license issued to a licensee for a probationary period. Conditional license is a "remedial" license issued to a licensee for specific violations until such time as violations are corrected.
 -No information on definition of the term "regular."
 -Relative Care is care provided to children by or in the homes of parents, legal guardians, grandparents, brothers, sisters, uncles, or aunts.
 -Provider/Child ratio:
  1:8; no more than 2 children under age 2; 1:6 no more than 3 under age 2.
  **the mixed ages include the caregiver's children under age 4.
-Regulations specify say provider must reside in the home in which care is provided; must be care within a family residence.
-Liability insurance not required; transportation insurance required if transporting children.
-Space requirements: FCCH - 35 usable sq. ft. per child (including providers children under age 14) free for activities and 40 sq. ft. of usable outdoor play area per child; caregiver may use other easily accessible outdoor areas if conveniently located.
-State provides a direct link to the Consumer Product Safety Commission data on banned children's equipment at their web-site.
-State requires family child care providers to report to licensing the death of

a child or a child's injury that requires medical care. Not required to report a missing child. Information reviewed by Child Fatality Review Team.
-Informal Care/Kith and Kin: No specific guidelines.
-**Group Family Child Care Homes:**
-Provider/Child ratio:
a) 1:12; All Children School-age, Group size 16.
b) 2:9-16; Mixed ages, only 4 under age 2, Group size 20.
-There shall be at least two care givers in the licensed family group program at all times when there are nine or more children present, counting the care giver's own children, grand children, nieces, nephews, wards, step-children, under age 12, or when more than two infant's are present.
-The caregiver's own children, grandchildren, nieces, nephews, wards, step-children, are included in the maximum group size under the age of 12.

Unannounced Inspection Procedure
-Homes inspected prior to licensing; department attempts to inspect homes once a year thereafter.
-When a complaint has been filed, an unannounced visit is made.
-Certified Homes: Annual, 90-day notice; Licensed Homes: Annual, no-notice review; Family Group: Annual, no-notice.

Tracking of Registration/License Denials and Revocations
-Both denials and revocations are tracked; no specific time.

Complaint Procedure
-To file a complaint, call licensor at the local Bureau of Licensing Office; there is an state-wide 800 number or can be filed at the website.
-Parents are encouraged to call in complaints.
-Normal citation issued with follow-up visit.

Provider Qualifications
-Provider must be 18 years old, with a High School Diploma or GED.
-Health Evaluation for caregiver is not necessary for Certified Family Caregivers but is required for Licensed and Group Family Caregivers.
-TB screening is required once, but other immunizations are encouraged.
-No requirement for other adult members in household to be immunized.
-Child abuse registry check required of potential providers, and at renewal.
-Bureau of Criminal Identification checks required on new provider licensing applicants and at renewal times.
-FBI Check with fingerprints now required if caregiver has not resided in Utah for past 5 years continually.
-Child Abuse and BCI checks completed annually on all caregiver/employees, substitutes and household members 18 years and older.

Provider Training and Orientation
-Orientation of 2 hours on overview of licensing, complaint process and questions and answer period required for Licensed and Group Child Care providers before initial licensing.
-5 hours of initial In-service training for certified homes and 20 hours annually of In-service training for Voluntary and Family Group Care homes.
-Training may include reporting requirements for abuse, hand washing and

sanitation, recognize illness and determine exclusion, accident prevention and safety, positive guidance, child development, age appropriate activities.
-Licensed and Family Care requires on-going training but not for Certified homes; Infant in-service training is necessary only at initial certification for Certified homes but for Licensed and Group Care it is required annually. Training includes Shaken baby syndrome, coping with crying babies, SIDS.
-CPR/First Aid course required and must be kept current for Certified Family Caregivers, for Licensed and Group Family Care.
-On-line training is not accepted for in-service nor CPR training requirements.

Discipline Policy
-Corporal punishment prohibited. Other behaviors such as restraining movement, using abusive, demeaning or profane language, withdrawal, public or private humiliation, confinement, etc. is also prohibited.
-Discipline includes clear-cut limits, positive guidance, and redirection.

Emergency Medical Consent Policy
-Form is required, but it does not have to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos, and/or radon is not a requirement for licensure; no financial assistance is available for the inspection for or remediation of the presence of lead, asbestos or radon.
-No information about use of pesticides near family child care homes in rural areas.

Immunization Policy for Children
-Children are required to be immunized; record of the child's immunizations shall be on file, updated as soon as possible or within 60 days.
-Blood lead level screening is not a requirement for entrance into homes.

National Life Safety Fire Code Policy
-Has not been adopted for family child care homes. Some local fire departments are using the LSFC as they check homes.
-In Certified and Licensed Family Care Homes: fire extinguisher, smoke detectors, and two exits are required. For Family Group Homes: Drills are conducted quarterly and include in all drills, people involved, and problems are documented.

Nutrition Policy
-Office of Education is state sponsor for USDA CACFP.
-Providers must meet USDA nutrition requirements.

Smoking Policy
-Smoking, drugs, or alcohol is not allowed when day care children are present.

Before and After School Programs
-Provider/Child ratio is 1:8 - no extra children allowed for before and after school. All unrelated children apply to the 1:8 ratio and caregiver's children under age 4 at any given times.

Infant Care Programs
-No separate special regulations.

Programs for Children with Disabilities
-No separate special regulations.
-Providers must comply with the guidelines of the ADA.

Sick Child Care Programs
-No sick child care facilities in the state that are regulated by the State. However, several hospitals provide sick child care to anyone in the community on a 24 hour basis as long as there are nurses and beds available for the care of the children.
-Standards state that if a child shows signs of illness after arrival, the provider shall contact the parent immediately, and it is the parents responsibility to pick up their child and provide continued care.
-Medication release form is necessary if medication needs to be administered.

Tiered Reimbursement for Subsidized Children
-The Tiered Reimbursement program pays different rates for types of license/certification: license exempt (relative), residential certificate and family care (licensed).
-Accredited homes can request surveys every two years.

Zoning Regulations
-Child care homes must comply with local ordinances.

Available Resources
-A list of CACFP sponsors, provider associations, where to obtain tax information and resource and referral agencies.

Local Contact
-Licensing is initiated and completed at the local regional office. The local regional offices are under the umbrella of the Department of Health.

Pending/New Legislation
-None.

VERMONT (VT)

Information
Supplied By: Coleman Baker, Chief
Child Care Licensing
Child Care Services Division
103 South Main St., 2 North
Waterbury, VT 05671-2901
PHONE: (802) 241-3110
FAX: (802) 241-1220

Number of Regulated Homes
-**1,300** (approximate) family child care homes.
-**20** (approximate) group child care homes.
-Licensor-provider ratio: 1:280.

Definitions and Regulatory Requirements
-**Family Child Care Homes**
-Registration required; providers caring for children from more than 2 families;
-Providers caring for children from 1 or 2 families are legally exempt from regulation, unless payment for care is state/federal funds; however, they may voluntarily register.
-Registration renewed annually by notice from CCSD.
-On-site preregistration site assessment and rules review is conducted for all applicants for registration.
-Social security number of provider required but not given to inquiring parents.
-The term "regular" is not defined.
-"Own Family" means children, grandchildren, great-grandchildren or step-children of the provider who reside in the home and are not counted in the maximum number of children allowed by Registration.
-FCCH care for maximum of 6 children full-time plus additional 4 school-age children for not more than 4 hrs per day on a before and/or after school basis.
-Provider/infant ratio is 1:2 including provider's children under age 2 years. When all children are under age 2, a 1:3 ratio is allowed in FCCH; also allows for 2:6 ratio, when no other children are in care.
-School age children may be in care for a full day when school is closed during school year, or during summer if second adult is on duty before the seventh child arrives, provider's own preschoolers count in summer for 12 option (up to 12 children in summer with 2 caregivers on duty).
-Parents have unlimited visitation of child care home without delay.
-Space requirements: Area must be "sufficient in size to permit children to move about freely" in registered homes.
-Provider must reside in the home in which care is provided and be the primary caregiver.
-State does not disseminate Consumer Product Safety Commission data on banned children's equipment to family child care providers.

-State does not require providers to notify licensing the death of a child, a missing child, or to report a child's injury that requires medical care.
-Informal Care/Kith and Kin: Provider and household members are subject to records check and the rules as mandated in the "Legally Exempt Child Care Provider Requirements".
-**Group Family Child Care Homes:**
-Licensing required, inspected prior to licensure and annually; licenses are issued for one year; maximum of 12 children.
-Provisional licenses may be issued for less than 12 months (and are nonrenewable);provider must demonstrate a strong likelihood that compliance to all regulations will soon be met.
-Provider/child ratio is 1:6 in a mixed-age group; including up to 2 infants.
-Licensed family child care providers care for children only in their home.
-When only children under age 3 are enrolled the following staff ratio applies: 1:3; 2:7 and 3:8-12.
-Opportunity for two parent/provider conferences per year, for one parent/provider conference per year for school age care programs.
-Space requirement: 35 sq. ft. per child indoors; 75 sq. ft. per child indoors.
-Liability insurance required.

Unannounced Inspection Procedure
-Inspections during licensing and annually thereafter.
-When a complaint has been filed, an unannounced follow-up to all serious concerns reported; telephone and mail follow-up for less serious complaints.
-The department aims for two unannounced inspections per year, but once per year is more realistic.

Tracking of Registration/License Denials and Revocations
-Both denials and revocations are tracked forever.

Complaint Procedure
-To file a complaint, call 1-800-540-7942.
-Consequences: If substantiated, the report of non-compliance will be in provider's record and will be reported by phone to inquiring parents upon request for up to 12 months after infraction occurred.

Provider Qualifications
-Registered providers must be at least 18 years old, must be physically and emotionally capable of performing duties, be able to read, and not have been convicted of fraud, a felony or crime of violence, or have a report of abuse substantiated against them or anyone else residing in the home.
-TB is not required.
-Three references gained over telephone for assistants required in licensed facilities (Group Homes).
-Vermont's child abuse registry check on all persons and Vermont's criminal record check required of licensees, staff in licensed facilities, volunteers, registrants, and persons over 16 years of age residing in home at no fee.
-A person responsible for developing and implementing the program in a licensed Group Family Child Care Home for 12 or fewer children shall have one of the following qualifications: a) Child Development Associate (CDA), or b) Associates Degree in Early Childhood, or Human/Child Development (includes

Pediatric Nursing), and c) Two years of successful experience operating a state regulated family child care home.

Provider Training and Orientation
-Initial orientation of 2 hours required for all registered providers on overview of training requirements, subsidy, referrals, and food program. This is in addition to the on-site pre-registration visit.
-6 hours of training per year required for all registered providers, or
-12 hours of training per year required for licensed program staff;
-training is required in infant/child CPR within first year for both registered and licensed family child care home providers;
-CPR/First Aid training is a separate training requirement.
-On-line training may be accepted at the present time for in-service training but not for CPR training.

Discipline Policy
-Corporal punishment prohibited.

Emergency Medical Consent Policy
-Form is required, but it does not have to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos, and/or radon is not a requirement for registration; no financial assistance is available for the inspection for or remediation of the presence of lead, asbestos or radon.
-Although lead testing is not required, the VT Health Department will provide an on-site assessment at no charge.
-State regulations address the issue of pesticide use at licensed family child care homes.
-Essential Maintenance Practices to minimize exposure to lead dust must be performed annually in child care program facilities (Family Day Care and Group Homes) constructed before 1978.

Immunization Policy for Children
-Children are required to be immunized; provider is responsible for assuring that immunizations are age appropriate and up to date.
-Blood lead level screening is not required for entrance into homes.

National Life Safety Fire Code Policy
-Not adopted for registered home; modified NFPA and BOCA for licensed homes.

Nutrition Policy
-VT Department of Education is state sponsor for USDA CACFP.
-Meals and snacks shall be adequate, nutritious, clean and free from spoilage; emphasis shall be on foods that are unprocessed, low in salt and sugar.

Smoking Policy
-Smoking is allowed in FCCH, but prohibited in the presence of children.
-Smoking is prohibited "on the premises" or in view of the children in GCCH.

Before and After School Programs
-FCCH providers can care for 10 school age children if all are school age and at least 4 attend for less than 4 hours per day.
-No overlap time allowed; appropriate child/staff ratio must be maintained.

Infant Care Programs
-Infants shall be allowed to nap when tired.
-In GCCH napping infants must be monitored by in person checks at least every 15 minutes.
-Infants and toddlers shall be protected from the harmful acts of older children.
-Infants and toddlers shall have ample opportunities in a safe area for creeping, rolling, and walking.
-When infant swings used for supervised play, usage shall not exceed 1/2 hour per 3 hours.
-Spaces between the upright slats in cribs shall not exceed 2 3/8 inches.
-Toys for infants and toddlers shall be large enough to prevent swallowing or choking.
-Special regulations for food preparations for infants.

Programs for Children with Disabilities
-Program modifications and emergency procedures related to enrolled children with disabilities shall be developed and followed.
-Providers must comply with the guidelines of the ADA.

Sick Child Care Programs
-Care for mildly ill children permitted in registered homes with restrictions. Not permitted in licensed (group) homes.

Tiered Reimbursement for Subsidized Children
-The Tiered Reimbursement program is for accredited programs or for persons (FCC providers) who hold valid CDA certificates or NAFCC Accreditation, which allows them to receive a 15% bonus state subsidized children.

Zoning Regulations
-FCC and licensed facilities caring for 6 children or fewer constitute permitted use of property but may require site plan approval. FCC serving more than 6 full time and 4 part time children may be subject to some municipal zoning laws.

Available Resources
-Orientation and "Technical Assistance Packet for Family Day Care Home Registration."

Local Contact
-State office of the Child Care Licensing, Child Care Services Division, 103 S. Main St., Waterbury, VT 05671-2901 [802-241-3110], or any Resource or Referral organization.

Pending/New Legislation
-None.

VIRGIN ISLANDS (VI)

Information
Supplied By: Leitha E. Cummings, Coordinator
Licensing & Regulatory Services
Department of Human Services
3011 Golden Rock
Christiansted, St. Croix 00820
PHONE: (340) 773-2323 X2022
FAX: (340) 773-6121

Number of Regulated Homes

-8 family child care homes.
-59 group child care homes.
-Ratio of licensor to home: 1-3 FCCH; 1-6 GCCH.

Definitions and Regulatory Requirements

-Requires licensing, if caring for 3-6 or 7-12 unrelated children; $25 initial $50 annual renewal. When programs are run by the territory, they are certified; however, they must meet the same standards as licensed programs.
-Providers caring for 1-2 children are exempt from regulation.
-Social security number of provider required.
-The term "regular" is not defined by statute or regulation.
-"Relative Care" is care provided by any of the following relationships by blood, adoption, marriage or legal guardianship: siblings, step parent, step child, parent-child, grandparent, grandchildren, uncle, aunt, niece, nephew or cousin.
-Staff/child ratio is 1:6; with no more than 3 under the age of 18 months.
-Children under 2 years of age are not permitted in child care centers; therefor children under 2 are placed in family child care homes or group child care homes.
-Licensee is not required to reside in the home.
-Liability insurance not required.
-Substitute caregiver system required before licensing; substitute caregiver not required to be licensed.
-25 sq ft. per child.
-State distributes Consumer Product Safety Commission data on banned children's equipment through Department of Licensing and Consumer Affairs.
-State requires family child care providers to report to licensing the death of a child, a missing child or a child's injury that requires medical care. Depending upon situation information is provided to Police, Health, Office of Intake and Emergency Services. The appropriate department takes action, follow-up is provided to HDS in accordance with state law.
-Informal Care/Kith and Kin: Guidelines were taken from the regular book of rules and regulations for child day care facilities and are used for informal care.
-**Group Family Child Care Homes:**
-Staff/child ratio is 2:7-12 ratio; $25 Provisional; $50 Annual.

-If more than 6 children are in care, or if more than 3 infants under the age of 18 months are in care, a second caregiver is required.
-At no time may there be more than 5 children under the age of 18 months.
-25 sq ft. per child.

Unannounced Inspection Procedure
-Homes inspected before license is granted; subsequent on-site inspection visits twice a year; no advance notice required for on-site visit.
-When an allegation is filed, HS worker visits, unannounced, to investigate the allegation.

Tracking of License Denials and Revocations
-No system currently available for tracking.

Complaint Procedure
-To file complaint, contact DHS responsible for licensing.
-Depending upon severity, consequences could lead to a probationary permit, suspension, or revocation of the license.

Provider Qualifications
-Provider must be at least 18 years old, and in good health.
-Provider and all family members involved with the child cannot not have any history of drug or alcohol abuse, or of abusing children.
-Background checks of child care providers is required, including searches of criminal records and child abuse registries.
-Providers must have a health card certifying that they are free of communicable diseases.

Provider Training and Orientation
-Providers must complete a 12 hour Consultation which includes a complete study of all areas of licensure rules.
-For family or group child care homes, provider must have a High School Diploma with some training or experience in child development.
-Group home providers must attend at least two early childhood or related field workshops, annually.
-Educational philosophy of the provider may be described in the required written objectives and goals of the home.
-CPR and First Aid is required.
-On-line training is not accepted for in-service or CPR training.

Discipline Policy
-Corporal punishment prohibited; discipline should be applied in ways that help the child learn self-control and should not be humiliating or harsh.

Emergency Medical Consent Policy
-Providers required to have parents sign emergency medical form, but it is not required that this form be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos and/or radon is not a requirement of licensing.

-No financial assistance is available for the inspection of and remediation in family child care homes for the presence of lead, asbestos and/or radon.
-Regulations do not address the issue of pesticide use near family child care homes located in rural areas.

Immunization Policy for Children
-Information about immunization requirements for children in family or group child care homes is not available; immunizations must be up to date.
-Blood lead level screening is not required for children prior to acceptance into a family child care home.

National Life Safety Fire Code Policy
-Regulations pertaining to fire safety included in the regulations, but no national policy is cited.

Nutrition Policy
-Provider required to ensure that children receive 1/3 of RDA.

Smoking Policy
-Smoking is prohibited in the presence of children.

Before and After School Programs
-Separate area to include study and nap space.

Infant Care Programs
-No separate special regulations.

Programs for Children with Disabilities
-No separate special regulations; provider required to consult with parents and professional to determine plan of care.

Sick Child Care Programs
-No separate special regulations.
-Regulations prohibit care of mildly ill children.

Tiered Reimbursement for Subsidized Children
-There is no Tiered Reimbursement program in place at this time.

Zoning Regulations
-Family and group child care homes must comply with local ordinances.

Available Resources
-Local resource and referral agencies.

Local Contact
-Department of Human Services.

Pending/New Legislation
-Pending new licensing rules and regulations are in the final phase.

VIRGINIA (VA)

Information
Supplied By: Doris Sherrod
Division of Licensing Programs
Department of Social Services
730 E. Broad Street
Richmond, VA 23219
PHONE: (804) 692-1748
FAX: (804) 692-2370

Number of Regulated Homes

-**1,074** voluntarily registered family child care homes.
-**1,657** licensed family child care homes.
-**300** family child care homes approved through 2 licensed systems.
-**601** city/county regulated (providers/parents receive federal assistance).
-Licensor-provider ratio: 1:100 as an optimum ratio for supervision of homes; this ratio is impacted by revised licensing standards and extended licensure (2-3 year licenses).

Definitions and Regulatory Requirements

-In Virginia FCCH and LCCH are called "Family day homes" which means a child day program offered in the residence of the provider or the home of any of the children in care for 1 through 12 children under the age of 13, exclusive of the provider's own children and any children who reside in the home, when at least one child receives care for compensation.
-The terms "regular" or "regularly" are not defined.
-"Relative Care" is not defined.
-Family day home may also be in the home of any child in care with conditions.
-Providers must disclose to parents or guardians of children the percentage of time per week that persons other than the provider will care for the children.
-Providers are required to verify age and identity of child enrolling in the program. Person enrolling child must provide information regarding previous child care and school attendance.
-Voluntary Registration:
  -FCCH caring for fewer than 6 children.
  -Certificate of registration renewable every 2 years; $50 fee.
  -Social security number of provider required for voluntary registration.
  -This program is targeted to the family child care homes that are not required to be state licensed; program is **not available** where city/county government ordinance regulates family child care homes.
  -Provider ratio - the adult to child ratios for voluntary registration are the same as those for licensed homes.
  -Space requirements: none.
  -Must meet health and safety checklist requirements. This is confirmed by a home visit conducted by the contracting agency.

-Required Licensing [**large or group day homes**]
-LCCH serving 6-12 children exclusive of the provider's own children and any children who reside in the home, shall be licensed.
-Provisional licenses are issued for up to 6 months; these are issued when licensees are unable to substantially comply with the standards.
-Licenses renewed annually; $14 licensing fee, every two years - $28, or every three years - $42 licensing fee.
-In determining the need for an assistant, the following fixed adult to child ratios shall be maintained for children receiving care (this includes the provider's own and resident children under 8 years of age):
a)1:4 children from birth through 15 months of age;
b)1:5 children from 16 months through 23 months of age;
c)1:8 children from 2 through 4 years of age;
d)1:16 children from 5 years through 9 years of age; children 10 years of age and older shall not count in determining the adult-child ratio.
-In mixed age groups, the provider shall apply the following point system in determining the need for an assistant. Each caregiver shall not exceed 16 points. The provider's own and resident children under 8 years count in the point maximums:
a)children from birth through 15 months: 4 points each;
b)children from 16 months through 23 months: 3 points each;
c)children from 2 years through 4 years of age: 2 points each;
d)children from 5 years through 9 years of age: 1 point each;
e)children 10 years of age and older:0 points.
Exception: - point maximums for mixed age groups or fixed adult to child ratios may be exceeded in one age group by no more than 1 child for up to 1 month from the date of the child's enrollment during transitional periods when there is turnover in children receiving care and the ages of a child leaving and a child entering care do not match.
-Family day homes shall comply with any limitations that may be placed by the Uniform Statewide Building Code on the number of children for whom care may be offered.
-Parents must provide a signed authorization to use a substitute provider as necessary.
-Providers are not required to reside in the home in which care is provided, but if they do not, it must be in the home of a child in care.
-Liability insurance is not required.
-Space requirement: each child shall have an adequate amount of space to allow free movement and active play indoors and outdoors.
-State mails Consumer Product Safety Commission data on banned children's equipment to child care providers with the Commonwealth three times a year. Data is also used to support training and technical assistance.
-State requires providers to report to licensing the death of a child, a missing child within 24 hours of occurrence; not required to report a child's injury that requires medical care.
-Informal Care/Kith and Kin: not applicable in Virginia.
-Other Regulating Entities:
-City/County Registered or Certified: some cities or counties have ordinances that govern child care facilities -- most mandatory, one volunteer.
-System Approved: The State licenses family child care systems to approve homes that are part of those systems.

-Local Agency Approval: may approve homes with fewer than 6 children if all children in care receive child care subsidy.

Unannounced Inspection Procedure
-LCCH are inspected prior to issuance of license and at least twice a year thereafter; one of these visits is unannounced.
-A 10% random sample of voluntarily registered homes that are not participating in the USDA CACFP are monitored every two years by voluntary registration contracting agencies.
-In addition, a 20% random sample of all registered homes are monitored by the Virginia Department of Social Services. (Up to a total of 200)
-If a complaint is received, an investigation is conducted; the nature of the complaint determines whether a home visit is conducted.

Tracking of Registration/License Denials or Revocations
-Both denials and revocations are tracked.

Complaint Procedure
-Complaints may be made by calling the regional licensing offices or the Licensing Information Line (1-800-KIDS-LIL); the Department is mandated to investigate all complaints on licensed homes.
-Consequences for violations may include corrective action, intermediate sanctions, denial, revocation of license, or injunction.

Provider Qualifications
-Family Child Care Providers
-Must be at least 18 years old.
-An assistant must be at least 14 years old and helps the provider; assistant under 18 years cannot be left alone with the children.
-All must be able to understand and carry out the responsibilities of the requirements.
-Caregivers (the provider, substitute provider or assistants) must be able to speak, read, and write in English as necessary to meet the requirements of the regulations.
-Providers shall be able to provide activities and experiences daily that reflect the cultural and ethnic diversity of enrolled children and enhance the total development of children; show a clear understanding of the varying capabilities, interests, needs and problems of children in care; prove the ability to relate to children with courtesy, respect, patience, and affection, and understand and respect the families of the children in care.
-Providers must also be able to understand instructions on prescription and nonprescription medicines, handle emergencies with dependability and sound judgement, and communicate effectively with emergency personnel.
-TB screening required for provider and any assistants and substitutes, and for any adults (18 years & older) living in the home who will be in contact with the children or handle food served to children within 90 days of licensure or contact with children; individual must submit a statement that he/she is TB free.
-If individual has a positive reaction, but physician certified an absence of communicable disease, individual shall obtain symptoms assessment on an annual basis for the following two years and additional screening is required

every two years thereafter.
-If individual has a negative reaction, additional screening required every two years thereafter.
-Any individual who comes into contact with a known case of TB or develops chronic respiratory symptoms shall, within 30 days of exposure or development, obtain a TB exam and submit a statement signed and dated by a physician or local health department official stating he/she is free of TB in a communicable form.
-No other immunizations for adults are required.
-Medical examinations may be required at the request of the provider or the DSS when there is an indication that the safety of children in care may be in jeopardy by the physical or mental health of the individual; appropriate action may be taken if jeopardy is substantiated.
-Three references required for licensed providers.
-Criminal history records checks and sworn disclosure statements are required of providers, assistants, substitutes, volunteers and any adults living in the home not more than 90 days before the date of the initial application; no person who is subject of a founded complaint involving child abuse, child neglect, or any other offenses specified in Chapter 17, Sect. 63.2-1719, Code of VA, shall be a caregiver.
-Child Protective Services Central Registry - All members of the household 14 years and older including relatives, lodgers, caregivers, and employees shall not be listed in the CPS Central Registry and shall have a CPS CR clearance conducted no more than 90 days before date of initial application.
-Substitutes must be 18 years old and meet the same requirements as providers; also must be approved by DSS.
-Voluntarily registered providers must complete/sign Health and Safety Checklist; also requires criminal record checks and CPS CR clearances and TB screening for caregivers and adult household members.
-Local government or state licensed systems may have additional qualifications.

Provider Training and Orientation
-Voluntary registered providers:
-Increases access to training and to information about training through the contract agency, and DSS provider training mailings. No orientation or annual training mandated for registered providers.
-Licensed providers:
-Shall obtain first aid certification within 6 months of licensure and maintain a current certificate from ARC, AHA, or National Safety Council for First Aid Training Institute; exception provider who is RN or LPN with a current license from Board of Nursing does not have to obtain.
-Training is offered by the Department, from application fees collected. Licensed provider must attend at least 6 hours of training a year; documentation of annual training shall be maintained on file in provider's home.
-In addition to first aid training, training can be but is not limited to the following areas: physical, intellectual, social, and emotional child development, behavior management and discipline techniques, health and safety in the family day home environment, art and music activities for children, nutrition, child abuse detection and prevention, or recognition and prevention of the spread of communicable disease.
-On-line training is accepted for in-service training if provider submits

certificate or letter of completion with topics and dates. No on-line CPR training is accepted.
-Other Regulating Entities:
-As specified by the local government regulating body or state licensed system.

Discipline Policy
-Licensed Homes:
-Children in care shall not be shaken or bounced vigorously at any time; NOT ALLOWED: hitting, spanking, beating, shaking, pinching, or other measures that produce physical pain; forcing, withdrawing or threatening to force or withdraw food, rest or bathroom opportunities; abusive and profane language; any form of public or private humiliation, including threats of physical punishment and any form of emotional abuse, including rejecting, terrorizing, ignoring, or corrupting a child.
-Children shall not be physically restrained except for safety.
-If time-out is used as a means of discipline, it shall be used sparingly and be brief and appropriate to the child's developmental level and circumstances. A child shall not be left alone inside or outside of the home while separated from the group. Time-out shall not exceed one minute for each year of the child's age and shall not be used at all for infants.
-No child shall be confined in a space that the child cannot open such as closets, locked rooms, etc.
-Children cannot be punished for toileting accidents.
-Voluntary Registration restricts the use of physical (corporal) punishment and emotional abuse in the family child care home.

Emergency Medical Consent Policy
-Form is required, but it does not have to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos, and/or radon is not a requirement for licensure; no financial assistance is available for the inspection for or remediation of the presence of lead, asbestos or radon.
-State regulations do not address the issue of pesticide use near family child care homes located in rural areas.

Immunization Policy for Children
-Children are required to have a medical examination and be immunized prior to enrollment or within 30 days after enrollment, as follows:
a)within 60 days prior to enrollment for children 6 months or younger
b)within 90 days prior to enrollment for children 7-18 months
c)within 6 months prior to enrollment for children 19-24 months
d)within 12 months prior to enrollment for children 2-5 years
e)within 24 months for children 6 years old and above
-A child may delay or be exempt from immunizations for religious or medical reasons.
-Blood lead level screening is not required for entrance into family day homes.

National Life Safety Fire Code
-Providers must comply with Virginia Statewide Fire Prevention Codes.

Nutrition Policy
-VA does not have a state sponsor for USDA CACFP; supervision is directly from the regional USDA office.
-Nutrition requirements for licensed homes meet USDA guidelines.

Smoking Policy
-Licensed homes - a smoke-free environment must be provided in rooms accessible to children while children are in care.
-Policy is the same on health/safety checklist for voluntary registration.

Before and After School Programs
-No separate special regulations.
-No policy regarding overlap time.

Infant Care Programs
-Infant is defined as a child from birth through 15 months.
-No separate regulations; included in general regulations.

Programs for Children with Disabilities
-No separate regulations; facilities must comply with the guidelines of the Americans with Disabilities Act.
-Staffing for a child with disabilities - the provider and parent of a child with special needs mutually determine a recommendation for the level of staffing necessary to care for the child in care. The provider shall consult with the Community Services Board worker or the local department of social services worker to review the recommendation if subsidized care is provided. The provider reports this recommendation to the licensing specialist on a form provided by the Department. The specialist considers the recommendation and makes a final determination of the level of staffing required to protect all children in care. The staffing recommendation is reviewed annually by all involved parties.

Sick Child Care Programs
-A child shall be excluded from a provider's home if the child has evidence of an oral body temperature of 101 degrees F or greater, recurrent vomiting or diarrhea, or symptoms of a communicable disease as delineated in the current Communicable Disease Chart, unless otherwise approved by the child's health care professional.
-Other rules included in general regulations.

Tiered Reimbursement for Subsidized Children
-There is no program in place at this time.

Zoning Regulations
-Family day homes with no more than 5 children, excluding any children who reside in the home, are considered residential use of property; localities must permit family child care for up to 5 children in all homes, including townhomes, apartments and trailer homes. Localities can choose to grant zoning approval for providers to care for more than 5 children, but are not required to do so. Five local jurisdictions are exempt from this law:

City of Alexandria, Arlington County, Fairfax County, City of Fairfax and City of Falls Church.
-A USBC amendment (Section 310.1) effective 4/15/97 states: Family day homes licensed or certified by the Department of Social Services shall be permitted to accommodate the numbers of children permitted under the licensing restrictions and shall be classified as a residential use group.

Available Resources
-Training sessions, quarterly provider mailings, Virginia scholarship program, and Technical Assistance to Providers.

Local Contact
-Central Office
Virginia Department of Social Services
Division of Licensing Programs
Theater Row Building
730 East Broad Street
Richmond, VA 23219-1849
(804) 692-1787

-Eastern Region
Pembroke Office Park
Pembroke IV Office Building, Suite 300
Virginia Beach, VA 23462-5496
(757) 491-3990

-Northern Region
170 West Shirley Ave., Suite 200
Warrenton, VA 20186
(540) 347-6345

-Verona Area
P.O. Box 350
68 Dick Huff Lane
Verona, VA 24482
(540) 248-9345

-Abingdon Licensing Office
190 Patton Street
Abingdon, VA 24210
(276) 676-5490

Central Region
1604 Santa Rosa Road
Wythe Building, Suite 130
Richmond, VA 23229-5008
(804) 662-9743

Peninsula Area
729 Thimble Shoals Blvd.
Oyster Point Park Bldg.6, #6-B
Newport News, VA 23606
(757) 594-7594

Fairfax Area
11320 Random Hill Rd. #200
Fairfax, VA 22030
(703) 934-1505

Piedmont Region
Commonwealth of VA Bldg.
210 Church Ave., SW, Suite 100
Roanoke, VA 24011-1779
(540) 857-7920

Pending/New Legislation
-Legislation effective 7-1-01: Commissioner may grant a waiver to a home regulated by the Dept. if any other adult living in the home of the applicant or provider has been convicted of not more than 1 misdemeanor offense under Sect. 18:2-57 or 18.2-57.2 or any other felony that is not a barrier crime provided (i) five years have elapsed following the conviction and (ii) the Dept. has conducted a home study.

WASHINGTON (WA)

Information
Supplied By: Elizabeth Egge, Program Manager
Department of Social & Health Services
Division of Child Care & Early Learning
P.O. Box 45480
Olympia, WA 98504-5480
PHONE: (360) 413-3292
FAX: (360) 413-3482

Number of Regulated Homes
-7,259 family child care homes.
-Licensor-provider ratio: 1:140; optimum ratio is 1:150.

Definitions and Regulatory Requirements
-Licenses required; fee is $24 annually; licenses renewed at 3 year intervals.
-Department is allowed to issue an initial license to an applicant who can demonstrate compliance with health and safety regulations but cannot demonstrate compliance with rules pertaining to provider-child interactions, capacity, behavior management, activities and routines, child records, etc.
-Department is allowed to issue a probationary license if the provider fails to take corrective action to comply with Child Care Home regulations; a probationary license may only be used if the continuing violations do not pose an immediate threat to the health and safety of children, but would be likely to do so if they continued.
-Providers may care for up to 12 children, including provider's own children, with a qualified assistant; provider with 1 year of experience may care for 10 children alone if none are under 5 years of age. Provider with 2 years of experience, an ECE course, and an assistant, may care for a maximum of 4 children under 2 years of age. There must be 2 providers present when there are more than 2 children under age of 2; 7 or more children are in care and any child is under age 2; or, more than 10 children of any age.
-Not regulated: friends and neighbors can provide care to children without compensation as long as they are not providing care on an ongoing, regularly scheduled basis for business purposes, which includes, but is not limited to, advertising such care.
-Social security card that is valid for employment or verification of providers employer identification is required.
-The term "regular" as it relates to licensing means care for more than one family or receiving gross earnings of more than $1,000 per calendar year and/or advertising such care.
-"Relative Care" is defined as: any blood relative, including those of half-blood, and including first cousins, nephews or nieces, and persons of preceding generations as denoted by prefixes of grand, great, or great-great; stepfather, stepmother, stepbrother, stepsister; legally adopted children; spouses of

provider, even after marriage is terminated; or extended family members as defined by law or custom of Indian child's tribe; legal guardians; or persons who provide care for a neighbor's or friend's child or children with or without compensation for periods of less than 24 hours and does not conduct such activity on an ongoing, regularly scheduled basis are exempt from licensing.
-Providers must reside in the home where care is provided; no waivers permitted.
-Liability insurance required for transportation only.
-Substitute caregiver and backup are required.
-Developmentally appropriate activities and routines are required.
-Space requirements: Adequate space for child play shall be available both indoors and outdoors. There shall be a minimum of 35 sq. ft. per child of indoor play area available.
-State disseminates Consumer Product Safety Commission data on banned children's equipment to providers and licensors.
-State requires providers to report to licensing the death of a child, a missing child or a child's injury that requires medical care. Critical Incident Reports are forwarded to Asst. Secretary of Economic Services Adm. in the Department.
-Informal Care/Kith and Kin: No specific guidelines.
-**No separate large or group family child care home category.**

Unannounced Inspection Procedure
-Homes inspected prior to licensing and are only revisited in response to a complaint or for licensing renewal. They are monitored through an unannounced visit one time during the 3 year period.
-Licensors are responsible for inspections of all FCCH.
-One unannounced visit every 18 months.

-Tracking of License Denials and Revocations
-Both denials and revocations are tracked on a computer system and will be maintained for an undetermined amount of time.

Complaint Procedure
-To file a complaint, a telephone call can be made to Children Administration intake only.
-A 1-800 number is available for parents to get information with regards to complaints on file.
-If child abuse or neglect is alleged, DLR (Division of Licensed Resources) coordinates an investigation and enlists/informs licensing. Other types of complaints require an on-site inspection, usually unannounced.
-Providers cited for non-compliance; can be and usually are put on "no referral" status through the R&R; valid complaints can be disclosed if the general public inquires, fines can be levied for persistent non-compliance; in extreme cases, action is taken to suspend or revoke the license.
-The department can impose civil penalties on unlicensed providers who do not submit an application for a Child Care Home providers license within 30 days of notification. A penalty of $75 per day may be imposed.

Provider Qualifications
-Provider must be at least 18 years old.
-A Mantoux method TB test is required for each licensee, assistant, volunteer, and adult member of the household having regular contact with child in care.

-No other immunizations for provider or other adults are required.
-Three references are required.
-Criminal history background check done on applicant, assistant, volunteer, or member of household 16 years or older.
-FBI fingerprint check required if not a resident of state for past 3 years.

Provider Training and Orientation
-Providers are required to attend at least 5 hours of orientation.
-The Guidebook is posted on the Division of Child Care & Early Learning (DCCEL) website for providers to review. The publication explains the regulations and offers developmentally appropriate suggestions and resources.
-Providers must have one course in early childhood education and two years experience in child care in order to care for 12 children.
-First aid, CPR, and HIV/AIDS are separate required training for all providers.
-STARS (State Training and Registry System) requires 20 hours of training 1st year and 10 hours every following year.
-On-line training is available and accepted through organizations listed in STARS database under training. No on-line CPR training is accepted.

Discipline Policy
-Corporal punishment prohibited.

Emergency Medical Consent Policy
-Form is required, but it does not have to be notarized according to state law.

Environmental Policy
-Testing for the presence of lead, asbestos, and/or radon is not a requirement for licensure; no financial assistance is available for the inspection for or remediation of the presence of lead, asbestos or radon.
-State regulations require providers to use least toxic pesticides available and inform parents in advance.
-Currently the Dept. of Ecology has spearheaded an area wide soil contamination project focusing on high risk areas for lead and arsenic contamination. The intent is to assist providers in area identified with high contamination and steps to help mitigate the issue.

Immunization Policy for Children
-Children are required to be immunized and it is the responsibility of the provider to see that records are current. Parent must complete an immunization form proving the child has all required immunizations. If the child lacks the proper documents, the parent must obtain them as quickly as possible or sign an exemption.
-Blood lead level screening is not required for entrance into a home.

National Life Safety Fire Code Policy
-Smoke detectors required in all sleeping or napping areas and on each story; exit windows 5.7 sq. ft.;and fire extinguishers on all stories used for care.

Nutrition Policy
-WA Superintendent of Public Instruction is state sponsor for USDA CACFP.
-Meals and snacks shall comply with USDA meal patterns, plus Vitamin C serving

daily. Vitamin A foods 3 times per week; whole milk only from birth to 24 mos.
-A child in care for 10 hours or less: 2 snacks & 1 meal or 2 meals & 1 snack; a child in care for 10 hours or more: 2 or more meals & 2 snacks; an after school child: 1 snack; and evening care: dinner (if child hasn't eaten), 1 bedtime snack and breakfast (for nighttime care).
-If child brings food from home, the licensee must monitor, store safely, and supplement the food if found to be inadequate (conforms to USDA meals pattern).
-A modified diet - allergy, etc. - only with health care providers permission.
-Only pasteurized milk.

Smoking Policy
-Smoking is not allowed; regulations prohibit smoking in all areas of the home used by the child during hours of operation of child care and in the motor vehicle used by the licensee or assistant to transport the child.

Before and After School Programs
-No separate special regulations.
-No policy on overlap of school age with other children in FCCH.

Infant Care Programs
-Regulations focus on diaper-changing, toilet training, feeding, sleeping equipment, and activities and equipment which are developmentally appropriate.

Programs for Children with Disabilities
-No separate special regulations.
-Providers must comply with the guidelines of the ADA.

Sick Child Care Programs
-The licensee shall daily observe the child for signs of illness. Licensee shall care for or discharge home an ill child based on the homes policies.

Tiered Reimbursement for Subsidized Children
-No program in place at the present time.

Zoning Regulations
-Cities and Counties may not impose on FCCH conditions more restrictive than those imposed on other residential dwellings in the same zone.

Available Resources
-The DCCEL website contains: Links to the Child Care Coordinating Council; Information on the Child Care and Development Fund; Online services which include a What's New Section and hosts current information on child care.
-DCCEL Resources & Links provide links to Access Washington Resource Directory.
-DCCEL Policy contains information about rules for programs DCCEL manages such as: minimum licensing requirements for Family Child Care Homes, Centers and School-age Centers; Links to Rules for Working Connections Child Care Program; Links to Working for Connections Child Care Manual.
-DCCEL for Parents contains information on: How to get information about your child care provider; How to handle concerns about your child care; How to get help paying for child care (Working connections Child Care) and other resources.
-DCCEL for Providers contains information on: Child Care Subsidies; Facility

Financing; Professional Development, including information on the STARS Registry and other resources for providers.
-DCCEL Research and Data provide research and data analysis information on child care subsidy programs, child care licensing and licensed care in Washington.
-DCCEL Publication page contains: Informational Booklets/Brochures; Reports and Periodicals; Research Data; Resources for Child Care Providers and Resources for Employers.

Local Contact
-All child care licensors now work in Division of Child Care and Early Learning. Field managers are located in the three regions of the state. Regions are:
NORTHWEST:
-Everett Regional DCCEL, N31-9, 840 N. Broadway, Bldg B., #540, Everett, WA 98201, 1-800-320-4370. Information (no message) 425-339-1839.
-Seattle DCCEL, N56-1, 2809 26th Ave. South, Seattle, WA 98144; 1-877-280-9282.
-King Eastside DCCEL, N40-2, 14360 SE Eastgate Way, Bellevue, WA 98007
-King South DCCEL, N43-4, 1313 W. Meeker St., Suite 102, Kent WA 98037; 1-800-422-7880.
SOUTHWEST:
-Tacoma DCCEL, N27-2, 1949 S. State St., Tacoma, WA 98405; 1-888-583-7254
-Bremerton DCCEL, W18-5, 3423 6th St., Suite 217, Bremerton, WA 98312; 1-800-423-6246.
-Port Angeles DCCEL, 201 W. 1st St., Suite 2, Port Angeles, WA 98362.
-Olympia Regional DCCEL, 45716 Point Plaza East, 6860 Capital Blvd #2, Olympia, WA, 98504-5716; 1-877-487-4866.
-Aberdeen DCCEL, W14-4, 415 W. Wishkah, Suite 2-B, Aberdeen, WA 98520; 1-800-451-9994 x 4312.
-Kelso DCCEL, S8-6, 711 Vine Kelso, WA 98626.
-Vancouver DCCEL, S6-9, 907 Haney, Vancouver, WA 98660; (Mail: PO Box 9809, Vancouver, WA 98666).
EASTERN:
-Spokane Regional DCCEL, B32-21, 1313 N. Atlantic Street, Suite 2000, Spokane, WA 99201; 1-800-557-9671.
-Yakima Regional DCCEL, B39-16, 1002 North 16th Avenue, Yakima, WA 98902 (Mail: PO Box 12500, Yakima, WA 98909) 509-225-6272.
-Wenatchee DCCEL, B4-2, 805 S. Mission, PO Box 3088, Wenatchee, WA 98807-3088; 509-667-6057.
-Omak, B24-3, 130 S. Main, PO Box 3729, Omak, WA 98841; 1-800-869-4018.
-Moses Lake DCCEL, B13-3, 1620 S. Pioneer Way, Suite A, Moses Lake, WA 98837-2487; 509-764-5725.
-Sunnyside DCCEL, B54-3, Mid-Valley Mall, Suite F-2, 2010 Yakima Valley Highway, Sunnyside, WA 98944; 509-836-5435.
-Pasco/Kennewick/Richland DCCEL, B3-4, Tri-Cities DCCEL, 1220 N. Edison Street., PO Box 6330, Kennewick, WA 99336-0330; 509-736-2812.

Pending/New Legislation
-Their is new legislation with regards to county pre-emptive zoning requirements which have been included under Zoning Requirements.
-No other new legislation at this time.

WEST VIRGINIA (WV) *

Information
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Child Care Services
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Number of Regulated Homes
-4,955 family child care homes
-69 group family child care facilities
-Licensor-provider ratio: average caseload is 1:135.

Definitions and Regulatory Requirements
-Registration required for providers who receive federal funds, or who care for 4-6 unrelated children; no fee.
-Provisional registration certificates available.
-Providers caring for 1-3 children are legally exempt from regulation.
-Providers may care for up to 6 children, including provider's own children whether related by blood, marriage or adoption, who live in the home, and are under age of 6; no more than 2 under age 24 months allowed at any time.
-Social security number required.
-The term "regular" is not defined.
-"Relative Care" is defined as a relationship by blood, marriage or adoption of the following: grandparents, step grandparents, aunts, uncles, nieces, nephews, siblings, spouse, great grandparents, step great grandparents and cousins.
-Home shall have indoor and outdoor play space that is free of unsanitary or hazardous items; each child shall have a comfortable and clean place to sleep.
-Providers must reside in the home in which care is provided.
-Liability insurance not required.
-State does not disseminate Consumer Product Safety Commission data on banned children's equipment to family child care providers.
-State does not require family child care providers to report to licensing the death of a child, a missing child or a child's injury requiring medical care.
-Informal Care/Kith and Kin: Relatives who receive federal funds or who care for 4-6 children must meet registration requirements.
-**Group Family Child Care Facility:** Certification required for providers caring for 7-12 children, including children who are living in the household who are less than 6 years of age and with no more than 4 of total number of children under age 24 months.
-Staff/Child Ratio: No more than 12 children in care at any time, including the caregiver's own children under the age of 6 years; and of the total of 12

children, no more than 4 children, birth to 24 months, including the caregiver's own children under 24 months of age. Two caregivers required if more than 2 children under 24 months of age or six at the same time.
-Custodial parents must have access at all times.

Unannounced Inspection Procedure
-Five percent of registered homes inspected annually. All Block Grant homes are monitored annually. Inspections may be announced or unannounced.
-At discretion of monitoring staff, unannounced visits upon receipt of parental complaint.

Tracking of Registration Denials and Revocations
-No tracking at present.

Complaint Procedure
-Suspected child abuse or neglect shall be reported to the Department of Health and Human Resources, as mandated by WV Public Human Service Law.

Provider Qualifications
-Provider must be at least 18 years old.
-Initial physical exam required and upon renewal; medical exam shall establish that the caregiver is physically and mentally able to care for children and is free from communicable diseases.
-TB screening required.
-Criminal records check and thumbprinting done on providers and their families; fee is $10/person and DHHR pays fee. Providers sign record of criminal background statement when registering state that caregiver and all household members have no substantiated history of child abuse or neglect; have no criminal convictions involving bodily harm, sexual offenses, or driving under the influence. Caregivers agree to notify the regulatory agency within 24 hours if the provider or another household member is indicted or charged with any offense.
-Provider must be able to read and write, or have an assistant or family member available at all time and is able to read and write.
-Substitutes must be 18 years old; parents shall be informed when a substitute is to be used.
-GCCH: Provider must be 21 years old and have a GED or high school diploma; have 6 months of experience in caring for children in a licensed day care center, registered family day care facility, Head Start, or other early childhood or school-age child care program; be certified in pediatric first aid training that includes rescue breathing and first aid for choking.
-Criminal background checks on all operators, care givers, employees, volunteers eighteen years of age and over, and all adult household members and residents.

Provider Training and Orientation
-Caregivers shall attend health and/or safety training at least twice annually and shall maintain written records of attendance at such training.
-CPR and first aid is not required.
-GCCH (Provider must meet one of the following): completion of 10 clock hours of child development training or arrangement to complete the training during the first 6 months of operation of the facility; CDA or completion of Child Care

Apprenticeship program; 3 credit hours in child development or related field.

Discipline Policy
-A caregiver shall not subject a child to any of the following: humiliating, shaming or frightening treatment; loud, profane or abusive language; derogatory remarks about the child or the child's family; any type of physical discipline, including spanking, hitting, kicking, biting or shaking, nor any form of discipline which would be considered abuse or neglect; deprivation of food, sleep or toilet access; withholding emotional response; confining a child in a closet or a box or use of any physical restraints to confine a child.
-Napping, toilet training or eating shall not be associated with discipline.
-Methods of guidance and discipline used by a caregiver shall be positive and consistent with age of the child. A caregiver and parents shall discuss and agree upon positive methods of discipline.

Emergency Medical Consent Policy
-Form is required; and must be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos or radon is not a requirement for registration; no financial assistance is available for the inspection and remediation of lead, asbestos or radon.
-Regulations do not address the issue of pesticide use near family child care homes located in rural areas.

Immunization Policy for Children
-Caregiver shall maintain a record of each child's health examinations and immunizations, as follows: each child 6 years of age and under shall have a general medical examination within 6 months prior to admission or within 1 month of admission to the home; and immunization records shall be updated as needed, according to the child's age.
-Blood lead level screening is not required prior to entrance into a family child care home.

National Life Safety Fire Code Policy
-Not adopted; must meet WV fire and environmental safety guidelines as defined in family child care home checklist.
-A working smoke detector must be installed on each level of the family child care home.
-A fire extinguisher and a working flashlight must be available.

Nutrition Policy
-Caregiver shall ensure that children receive nutritious meals and snacks served in a sanitary manner and in amounts adequate to meet their nutritional needs.

Smoking Policy
-Smoking is prohibited in children's living and activity areas for family day care facilities.

Before and After School Programs
-No separate special regulations.
-No policy concerning overlap time for school age children; issue is under investigation.
-Must have a permit from the Fire Marshal and Health Department in order to operate. Background checks required - for reimbursed care only.

Infant Care Programs
-No separate special regulations.
-A caregiver shall hold an infant 9 months of age and younger while feeding him/her a bottle; bottles are not propped.
-FCC and Center regulations contain sections on care of infants and toddlers.

Programs for Children with Disabilities
-No separate special regulations.
-Providers must comply with the guidelines of the ADA.

Sick Child Care Programs
-Regulations do not prohibit family child care homes from caring for mildly ill children, the rules require providers to inform parents if a child becomes ill.
-No separate special regulations.

Tiered Reimbursement for Subsidized Children
-No formal Tiered Reimbursement program, however, we pay an enhance rate of $4 daily per child to programs accredited by a national organization. Currently 3 family child care homes participate.

Zoning Regulations
-FCCH must comply with local ordinances.

Available Resources
-The CCR&R agencies were provided with 8 vans to operate a program called TRAILS (Traveling Resource & Information Library System). TRAILS staff travel to FCC homes to lend educational toys, equipment, training resource material and assistive technology. The agencies also offer free training to all providers and behavior support specialist offers technical assistance to providers for a child with special needs or behavior problems. An FCC mentor is available in each R&R to mentor providers who participate in Child Care Apprenticeship program.

Local Contact
-Local Dept. of Health and Human Resources.

Pending/New Legislation
-Family child care regulations have been released for public comment prior to a final revision. Final rules should be submitted to the 2003 legislative session and would become effective in mid-2003.

* Information from 2002 Study.

WISCONSIN (WI) +

Information
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Division of Children and Family Services
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FAX: (608) 267-7252

Number of Regulated Homes

-5,190 certified family child care homes.
-3,103 licensed family child care homes.
-Licensor-provider ratio: not able to determine specific ratio since many licensing specialists carry a mixed generic caseload of licensing responsibility.

Definitions and Regulatory Requirements

-Certification required for FCCH that have fewer than 4 children under age 7 years and that receive certain public funds for day care services.
-FCCH serving fewer than 4 children under age 7 years NOT receiving public funds are exempt from regulation.
-Licensing required for FCCH with 4 or more children under age 7 years.
-If 3 or 4 children under the age of 2 years are in care, the number of other children in care is reduced.
-Licenses are $67.50 and continued every 2 years based on licensing visits over a 2 year period and review and approval of applicant materials for license continuation; money is used to fund licensing staff positions.
-In addition to posting their license, family child care providers are required to post a summary of violations found at their last licensing visit and any enforcement actions initiated by the Department.
-Social security number of provider is required by statute.
-No information on the term "regular" child care.
-"Relative Care" means a parent, grandparent, stepparent, brother, sister, first cousin, nephew, niece, aunt, or uncle. This relationship may be by consanguinity or direct affinity.
-Provider not required to reside in the home in which care is provided; however, if licensee does not resides in the residence used for family child care, the zoning exemption does not apply.
-Liability insurance not required, but parents must be notified.
-Space requirement: licensed-35 sq. ft./child indoors; 75 sq. ft./child outdoors. State disseminates Consumer Product Safety Commission data on banned children's equipment through DHFS website at www.datcp.state.wi.us. Providers receive the CPSC Recall Round-up periodically.

-State requires providers to report to licensing the death of a child or a serious injury requiring professional medical treatment within 48 hours. Not required to report a missing child. Licensing specialists will review information and do a follow-up investigation if warranted. Enforcement action may be taken if appropriate.
-Informal Care/Kith and Kin: Relatives who provide care for children who are eligible for the child care subsidy must be either licensed or certified. Providers who care for relatives and get regulated must meet all of the requirements. Certified providers can be either provisional or regular. Regular providers must have at least 15 hours of training in child care in addition to meeting regulations that apply to provisionally certified providers as well.
-**No provisions for Group Family Child Care Homes**

Unannounced Inspection Procedure
-Licensed homes are inspected prior to licensing and at least 1-2 times annually thereafter; homes with non-compliance history are visited more often.
-Certified homes are inspected at least once every 2 years.
-When a complaint is filed, there is an unannounced site visit and investigation; then complaint substantiated or not.

Tracking of Certificate/License Denials and Revocations
-Denials and revocations are tracked, as well as summary suspensions, orders and forfeitures assessed.

Complaint Procedure
-To file a complaint about a licensed family child care provider, contact the regional licensing office. To file a complaint about a certified (either regular or provisional) family child care provider, contact the county Human/ social Services agency.
-Consequences: violations cited and a correction plan required and monitored; department can order action such as specific corrective action requiring training or closing intake, assess monetary forfeitures, revoke license or certification or emergency summary suspension.

Provider Qualifications
-Provider must be at least 18 years old.
-Initial physical exam and a negative TB skin test required for provider.
-No requirements for immunization of provider and other adults in household.
-Two references required.
-A comprehensive caregiver background screening is required for children's licensed and certified child care providers, residential facilities and child welfare programs, and regulated adult facilities and health care entities (nursing homes, hospitals, home health, community care facilities). Extensive background checks of applicants and of persons age 12 and over living or working as caregivers in licensed and certified child care are completed initially and at four year intervals or when deemed necessary. The law prohibits the employment, contracting, residency or regulatory approval of individuals with specified crimes or offenses in their backgrounds. The acts that may be prohibitive include convictions for specified crimes, findings of abuse or neglect of another, or of misappropriation of another's property, or limitations

on professional credentials or licenses. For child care only, the law authorizes a check to determine if a person was adjudicated delinquent for a serious crime. A person with a crime or offense that bars regulatory approval, employment or non-client residency at a facility is barred unless the person receives rehabilitation review approval from the regulatory agency.

Provider Training and Orientation
-Orientation required, under contract with WI Child Care Improvement Project to provide a 5 hr pre-licensing technical assistance that includes a focus on licensing rules that must be met before licensed is issued, includes 1 visit.
-Preservice training is required in Sudden Infant Death Syndrome prior to being licensed or certified to care for children under 1 year of age.
-licensed family child care are required to have either 40 hours or 3 credits in early childhood education required within 6 months of licensure plus 10 hours of training in the care of infants and toddlers (if they care for children under age 2) within 6 months. For providers licensed to care for children under age 1 year one of these education components (either the 40 hours/3 credits or the 10 hours in T/T care) must be met prior to licensure, the other within 6 months.
-licensed providers must have 15 hours annual in-service training required in order to maintain the license.
-10 hours of training in infant/toddler care is required within 6 months after accepting infants or toddlers for licensed programs.
-15 hours of training required for certification.
-Classroom training is based on state criteria.
-CPR and first aid are not a separate training requirement.
-On-line training is accepted for in-service training, including CPR. However CPR certification in not currently required.

Discipline Policy
-Corporal punishment and verbal abuse prohibited.

Emergency Medical Consent Policy
-Form is required, but it does not have to be notarized.

Environmental Policy
-Testing for the presence of lead, asbestos, and/or radon is not a requirement for licensure, however, lead and asbestos are considered hazards and containment or removal is required under the hazard rule.
-Results of animal bacteriological testing of water is kept on file.
-No financial assistance is available for the inspection for or remediation of the presence of lead, asbestos or radon.
-State regulations do not address the issue of pesticide use near family child care homes in rural areas.

Immunization Policy for Children
-Children must be immunized; provider is responsible for seeing that records are current.
-Blood lead level screening is not a requirement for entrance into homes.

National Life Safety Fire Code Policy
-Licensed family child care located in other than a 1 or 2 family dwelling must

meet the WI Commercial Building Codes.
-Licensed family child care located in a 1 or 2 family dwelling are exempt from Dept. of Commerce building codes but must meet the licensing rules to building and exists. Those codes are based on the Uniform Dwelling Code.

Nutrition Policy
-WI Department of Public Instruction is state sponsor for USDA CACFP.
-Snacks and Meals must meet 1/3 of daily nutritional requirements based on USDA children's food program standards.

Smoking Policy
-Smoking is not allowed indoors and outdoors by state statute, nor in vehicles when child care children are present.

Before and After School Programs
-A written agreement outlining the plan for a school age child to come and go is required.
-No overlap policy is allowed; child/staff ratios must be maintained.

Infant Care Programs
-Special regulations regarding staff training, daily program, feeding, diapering and toileting activities.

Programs for Children with Disabilities
-No separate special regulations.
-Providers are encouraged to comply with the guidelines of the ADA.

Sick Child Care Programs
-By policy family child care providers are allowed to care for mildly ill children by adaptation of the provisions in the group licensing rules. "Mildly ill" is an illness that is common, temporary and that is non-progressive in nature and which is not on the Public Health Communicable Disease Chart.
-Sick children cannot be in care, some exceptions made if there is a carefully planned program for meeting requirements for mildly ill child care, which is separate from well children and specifically authorized after M.D. review.

Tiered Reimbursement for Subsidized Children
-There is a Tiered Reimbursement program for family child care programs that are accredited receive a 10% increase in the child care subsidy maximum. Certification is the regulation that is available when licensure is not required. We have 2 levels of certification available. Regularly certified providers must have at least 15 hrs. of training and the reimbursement rate is less than for licensed family child care. Provisionally certified providers need not have any training. The reimbursement rate for these providers is less than for regularly certified providers.

Zoning Regulations
-FCCH must comply with local ordinances, but there is a state statute prohibiting municipalities from preventing licensed homes from operating where single-family residence is a permitted use.

Available Resources

-Statewide technical assistance services through the Wisconsin Child Care Improvement Project that provides start-up technical assistance to become licensed and also technical assistance on business practices, program, and topics related to operating a quality child care program.
-Child Care Scholarship and Bonus Programs under T.E.A.C.H. Early Childhood Wisconsin, provides a training and scholarship system for all child care workers serving children of all ages, combined with an annual bonus for child care workers who meet specified levels of education.
-Health and Safety information available for Certified providers from Wisconsin Child Care Information Center.
-Support from a statewide network of 17 child care resource and referral agencies which also administers local grants program for child care providers for quality and capacity efforts.
-Inclusive Child Care, a statewide inclusive child care information campaign, with a traveling display, brochures and materials.
-Early Childhood Education Courses, am agreement between the technical college system and the University for 2 + 2 articulation in early childhood courses.
-Launching of a child apprenticeship program.
-Launching of a statewide mentor program.
-Continuation of the Early Childhood Excellence Initiative which provided funding to establish state of the art Early Childhood Excellence Centers in low-income neighborhoods to provide high quality child care and parent education, provider training and grants.
-Services of the Child Care Information Center, providing library loan services statewide.
-Development of School-Age Child Care, through the Wisconsin Child Care Improvement Project.

Local Contact

-County Department of Social Services for certification.
-Regional offices, State Department of Health and Family Services for licensing.

Pending/New Legislation

-New Legislation:
  -Licensing Rules are currently undergoing revision. Anticipate implementation in late 2003 or early 2004.
  -Local Pass-Trough of Federal Funds are now called the Community Child Care Initiatives Grants. This program allows local public agencies to draw down federal child care match dollars for local child care initiatives.
  -Child Care Scholarship Program (T.E.A.C.H. Early Childhood Wisconsin) and R.E.W.A.R.D Wisconsin bonus program, continue to be funded. The programs are available to child care providers throughout the state to help increase the education levels and reward providers who have achieved higher education levels while remaining in the child care classrooms.

+ Information not reverified by State.

WYOMING (WY)

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Number of Regulated Homes

-**438** family child care homes (formerly family day care homes).
-**76** family child care centers (formerly group family day care homes).
-Licensor-provider ratio 1:60 (including centers).

Definitions and Regulatory Requirements

-Licensing required when caring for 3 or more children; fee required.
-Licenses renewed annually or biennially.
-Providers caring for 1 or 2 children are exempt from regulation; providers giving care to only one immediate family and all governmental facilities.
-Provisional licenses are available for a maximum of 6 months and cannot be renewed. They can be issued permitting a provider to operate if they are temporarily unable to meet all required standards or if other required inspections are delayed.
-Must have Fire and Sanitation Inspections, must have zoning approval where required.
-FCCH may have up to 10 children, preschool age children are included in the number of 10. Infant care limited to 2 children unless 2 adults are present.
-The terms "regular" or "regularly" are not applicable.
-"Relative Care" means any blood relative including those of half-blood: first cousins, first cousins once removed, aunt or uncle, nephews and nieces, and persons of preceding generations denoted by prefixes of "grand," "great," "great-great" or "great-great-great;" also stepmother, stepfather, step-brother and stepsister; adoptive or natural parents and their adopted or natural children; siblings including those related by adoption; and spouses or any person mentioned above are considered relatives even though the marriage may be terminated by death or divorce.
-Social security number of provider is required.
-FCCH providers are required to reside in the home in which care is provided.
-Liability insurance not required, but strongly recommended.
-Space requirements: 35 sq. ft. per child inside, 75 sq. ft per child outside; 50 sq. ft. for infants age 2 years and under, combined play and sleep.
-Must have fire and health inspections as well as a licensing inspection.
-Must have zoning approval by city/county where required.

-State distributes to licensing staff to share with providers Consumer Product Safety Commission data on children's banned equipment.
-State requires family child care providers to report to licensing the death of a child, a missing child or a child's injury that requires medical care. Data gathered for analysis for reporting, prevention, identifying training needs; has been used recently in support of implementing playground safety requirements.
-Informal Care/Kith and Kin: No specific guidelines.
-**Family Child Care Centers:** (formerly group family day care homes)
-Maximum of 15 children; staff ratio: 2:15, no more than 2 children under age two unless another adult is present.
-Must have fire and health inspections as well as a licensing inspection.
-Must have zoning approval by city/county where required.

Unannounced Inspection Procedure
-Homes inspected before licensing; initial inspection is by appointment, other visits are unannounced.

Tracking of License Denials and Revocations
-Both denials and revocations are tracked on computer.

Complaint Procedure
-To file a complaint, call local DFS office.
-When a complaint has been filed, investigation of rules violations is by an unannounced visit.
-Consequences depend on seriousness of violation, can include license revocation.

Provider Qualifications
-FCCH provider must be at least 18 years old.
-FCCH provider must possess or have done at least one of the following: high school diploma or the equivalent, and be able to document 3+ months of supervised experience or education in care of children other than own or completed 6 clock hours of FCCH training prior to certification, or have received a professional credential from nationally recognized organization.
-FCCH and FCCC providers must have 6 hours orientation.
-FCCC provider must be at least 21 years old.
FCCC provider must have one year supervised experience and 10 college credit hrs. or 100 approved clock hours in specific areas or professional credential.
-FCCH and FCCC providers must have:
-Physical exams and TB tests required for any household members who are active in caring for the children. TB test required for all adult household members.
-Three written references required for any household members who are active in caring for the children.
-Child Abuse Central Registry check is done on all household members or staff; Prescreening with DCI also done; and criminal record checks and fingerprinting required when indicated by DCI.
-No policy regarding immunization of adults.
-A substitute must have physical exams, TB tests, 3 references, safety training and 2 hours of orientation; additional training only if more than 24 hours per month.
-Provider is responsible for substitute or anyone else who comes in close contact with the day care while it is in operation.

Provider Training and Orientation
-Preservice training of 6 hours in fire, health, nutrition, child care finder, and training requirements is required.
-15 clock hours of training required annually and must include: Health, Nutrition and Safety; Active Learning Environment; Guidance & Discipline; Child Growth & Development; Family Relationships; Program Management; Professionalism; Uniqueness and Cultural Diversity; Blood Born Pathogens, Fire & Sanitation and Recognition & Report of Child Abuse/Neglect.
-First aid training, and infant and child CPR also required but a separate training requirement.
-Substitutes for more than 24 hours are required to have same training as above.
-On-line training is accepted to meet in-service requirement if preapproved by the Department. No on-line CPR accepted.

Discipline Policy
-Corporal punishment prohibited. Also measures which frighten, demean, belittle, or ridicule are prohibited.

Emergency Medical Consent Policy
-Form is required, but it does not have to be notarized.
-Must be updated annually by parent or guardian.

Environmental Policy
-Testing for the presence of lead, asbestos and/or radon is not required for licensure; however, lead must be removed when identified according to rule.
-Blood lead level testing is available and environmental investigation to determine source of lead is available.
-Radon test kits are available with on-site placement for day care
-No financial assistance is available for the remediation of the presence of lead, asbestos or radon.
-State regulations do not address the issue of pesticide use near family child care homes located in rural areas.

Immunization Policy for Children
-Children are required to be immunized; provider is responsible to see that the records are current.
-Blood lead level screening is not required for entrance into a home.

National Life Safety Fire Code Policy
-Not adopted.

Nutrition Policy
-WY Department of Education is state sponsor for CACFP.
-Nutritious meals and snacks are required.

Smoking Policy
-Smoking is not allowed.

Before and After School Programs
-No separate special regulations.

Infant Care Programs
-Separate special regulations for FCCH, FCCC and centers which apply when more than 3 infants are present.

Programs for Children with Disabilities
-No separate special regulations.
-Providers must comply with the guidelines of the ADA.

Sick Child Care Programs
-Regulations adopted excluding sick children in child care.

Tiered Reimbursement for Subsidized Children
-There is no program in place at this time.

Zoning Regulations
-FCCH and FCCC must comply with local zoning codes; fees incurred in special instances.

Available Resources
-Local associations, food programs, training and resource and referral.

Local Contact
-County Offices of the Department of Family Services.

Pending/New Legislation
-Pending statutory revisions during next legislative session.

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